

Form 1

# **Skills Development Trust Fund (SDTF)**

## **Application for the Financing of a Training Course**



This form is to be completed by institutions/centers/individuals who provide employment oriented skills training and who are seeking financing through the Skills Development Trust Fund (SDTF)

This form must be completed fully and accurately and delivered to the SDTF Provincial Secretariat.

**SKILLS DEVELOPMENT TRUST FUND**

Office of the National Secretariat  
P.O. Box 809 Waigani, NCD:  
E-mail: sdtf@datec.net.pg



FORM 1  
**Application for the Co-Financing of  
a Training Course**

**A. Details of Institution / Organisation / Individual:**

1. Name: \_\_\_\_\_

2. Residential Address: \_\_\_\_\_

\_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

4. Telephone, Fax, e-Mail: \_\_\_\_\_

5. If available, Registration No. (*issued by National Training Council*): \_\_\_\_\_

6. Is the Institution registered under any other authority? (*tick the appropriate box*)

Registrar of Companies

Investment Promotion Authority

Other \_\_\_\_\_

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7. Authorized Contact Person(s):

a/ Name \_\_\_\_\_ Specimen Signature: \_\_\_\_\_

b/ Name \_\_\_\_\_ Specimen Signature: \_\_\_\_\_

*All correspondence must be signed by one of the above for purposes of authentication. Proof of incorporation including company articles and memorandum, constitution etc. and proof of authority to act as signatory (i.e. board resolution). To be attached.*

8. Date of Establishment: \_\_\_\_\_ Years of Operation: \_\_\_\_\_

9. Are the premises/facilities where your courses are conducted:

your own       leased/rented       Other \_\_\_\_\_

10. Banking Details

Bank Name/Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_

Account Name: \_\_\_\_\_

Method of Payment: Cheque  Bank Transfer

Account signatories: \_\_\_\_\_

Specimen Signatures:

Name	Signature
_____	_____
_____	_____

11. Staff Training and the Employment Oriented Skills Development Project / STRU

Has your staff or your institution received any 'capacity building' training to assist you in developing and delivering income oriented short-courses (e.g. Basic ManCom)?

yes     no

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If 'yes', please provide details: \_\_\_\_\_

\_\_\_\_\_

Has your staff or your institution received inputs from the Skills Training Resource Unit (STRU) regarding the preparation of training course material?

yes (attach details)     no

If yes, has the material received been adapted to meet your requirements?

\_\_\_\_\_

\_\_\_\_\_

12. Please provide name and address of two independent references:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel/fax: \_\_\_\_\_

Tel/fax: \_\_\_\_\_

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13. Please provide details of previously conducted SDTF co-financed training:

Date	Name of Course	No. of Trainees	Total Cost	Name of Instructor

14. Please provide details of previously conducted non-SDTF co-financed training:

Date	Name of Course	No. of Trainees	Total Cost	Name of Instructor

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## B. Training Course Details:

### CONTENT

15. Title of proposed Training Course: \_\_\_\_\_

\_\_\_\_\_

16. Please attach daily training schedule, training modules, details regarding training output and objectives (if required, consult STRU and its provincial agents for assistance).

17. Duration of the short-course: \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months  
\_\_\_\_\_ total hrs per day \_\_\_\_\_ total hrs of instruction

18. Is the proposed training course accredited?  yes  no

If 'yes', please provide details: \_\_\_\_\_

\_\_\_\_\_

19. How was the relevance (i.e. the level of demand) of this course determined?

needs analysis (please attach)  customer demand  other \_\_\_\_\_

Please elaborate on evidence of training needs and demand : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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20. What income earning skills are the trainees expected to acquire by the end of the training course:

Skills to be acquired
i).
ii).
iii).
iv).
v).

21. Can the course participants find formal employment?  yes  No

Are the course participants able to generate an income?  yes  No

If 'yes', what employment / income-earning opportunities will be available after completion of training:

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22. Have you a system whereby you follow-up the progress of each trainee after training?

yes  No

If 'yes', please elaborate: \_\_\_\_\_

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23. Instruction Method for proposed training course (*tick where appropriate*):

- lectures                       practical                       other \_\_\_\_\_

Please provide Training Course/Curriculum material in support of this Training Proposal.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Do you provide or facilitate practical work experience and or on the job training?

- yes                       no

If 'yes', please elaborate (provide attachments if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If 'no', why not: \_\_\_\_\_  
\_\_\_\_\_

25. Do you evaluate your course?                       yes                       No

If yes, outline your process (attach questionnaire used): \_\_\_\_\_  
\_\_\_\_\_



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26. Enrollment

What target group will be enrolled for training? \_\_\_\_\_

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27. What are the prerequisites for enrollment: \_\_\_\_\_

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28. Do you have a standard application procedure?     yes     no

If 'yes', please attach copy.

If 'no', please explain procedure \_\_\_\_\_

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29. What selection criteria do you use to screen applicants? \_\_\_\_\_

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Are the following used in selection?

I/ Age  yes  no ii/ Gender  yes  no iii/ Qualification  yes  no iv/ skills  yes  no

30. Please indicate probable participation percentages of the following groups in the proposed training course:

\_\_\_\_\_ % Women + \_\_\_\_\_ % Male Youth + \_\_\_\_\_ % Others = 100%

31. Does the Institution charge fees?  Yes  No

How do you determine the levels of fees: \_\_\_\_\_

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32. How many trainees will be enrolled in the proposed course: \_\_\_\_\_

Please provide list of participants (including Name, Gender, Age, Address and Signature) if available. This is a prerequisite for final approval.

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### C. Costing of the Training Course

33. Please annex detailed budget outlining total cost of proposed training course. The operating costs in the budget should be classified either fixed or variable to facilitate analysis.

34. Summary Costs for:

A/	Marketing Costs	_____	K
B/	Professional Service/Staff Costs	_____	K
C/	Transportation and Traveling Costs	_____	K
D/	Training Materials and Supplies	_____	K
E/	Training Venue	_____	K
F/	Rental / Depreciation of Training Equipment	_____	K
G/	Administrative Overhead Costs	_____	K

**Important** : The purchase price for capital investments is not considered by the SDTF.

Reasonable costs for depreciation or leasing relevant equipment will be considered. Refer to guidelines on how to prepare Budget.

35. Estimated Total Cost of the Training Course: \_\_\_\_\_ K

36. Contribution from Training Provider (in cash or in kind): \_\_\_\_\_ K  
*(minimum 20% - provide details on itemized budget)*

37. Contribution from Trainees (cash fee)\*: \_\_\_\_\_ K  
*(minimum 10%)*

38. Total financing requested from the SDTF: \_\_\_\_\_ K

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## Signatories

Person(s) applying on behalf of the institution:

a) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

b) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

c) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use ONLY

**A. SDTF Provincial Secretariat**     NCD  WH  WNB  ENB

1/ Date Received: \_\_\_\_\_

2/ Received by : \_\_\_\_\_

3/ Action Taken : \_\_\_\_\_

**B. SDTF Provincial Committee**

1/ Date Received: \_\_\_\_\_

2/ Decision/Recommendations: \_\_\_\_\_

3/ Conditions: \_\_\_\_\_

4/ Referral Advice: \_\_\_\_\_

**C. Incomplete Application**

1/ Date Returned to Applicant: \_\_\_\_\_