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DG WINDOW DUE DILIGENCE EVALUATION TEMPLATE FOR 2025-2026 FY

SECTION A: DETAILS OF THE INSTITUTION

Legal Name of the Organisation/Entity										
Type of Application	Discretionary Grant Window Application									
Type of Entity (Mark X in the appropriate box)	LGSETA Levy - Paying Entities: Metros/District Municipalities /Local Municipalities	LGSETA Levy - Paying Municipal Entity/Local Gov. Agency Government Department	Government Departments/ Agency NGO/NPO	SMME/ Co-operative	High School Service Provider TVET/CET College	University	Union/Association/ Traditional Leadership Institution	Professional Body		
Province	Gauteng	Free State	Eastern Cape	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape	
Applicant's Physical Address										
	Postal Code:									
Name of Contact Person:										
Designation / Position										
Contact Number:	Cell Phone:									
	Telephone:									

Date of Visit:	
Physical Location of Due Diligence Visit:	

SECTION B: DUE DILIGENCE EVALUATION

SECTION B1: DUE DILIGENCE COVERAGE

Coverage of Visit – To be completed by the DG Committee Member (Please mark appropriate box with X)

Due Diligence at Workplace/ Learning Site	Yes:	No:
Due Diligence for training	Yes:	No:

SECTION B2: DETAILS OF DUE DILIGENCE

Confirm the type of intervention and Name of Learning Programme

Verification Item (Items in Green are Compulsory)	Document Required	Format Required	Yes/No/Partial/N/A	Evaluator's Comments
1. Validate Name of Learning Programme; Type of Intervention, SAQA ID/Trade and NQF level applied for	<ul style="list-style-type: none"> Confirmation and proof of all the learning programme interventions, SAQA IDs, NQF level applied for. NB:(list all relevant Learning programmes under B2 tables provided below) 	<ul style="list-style-type: none"> Electronic copy of the proposal. 		

B2.1 LEARNERSHIPS: (List all as applicable)

No.	Qualification/ Programme Title:	Qualification ID	Qualificati on Status	NQF Level	Learner Category – Employed/ Unemployed	Number of Learners applied for	SDP Name	SDP Accreditation – Valid/Not Valid	Evaluator’s Comment

B2.2 WORK INTEGRATED LEARNING (WIL): (List all as applicable)

No.	Qualification/ Programme Title:	Qualification ID	Qualificati on Status	NQF Level	Learner Category – Employed/Unemploye d	Number of Learners applied for	SDP Name	SDP Accreditati on: Valid/Not Valid	Evaluator’s Comment
1									
2									

B2.3 INTERNSHIPS: (List all as applicable)

N o.	Qualification/ Programme Title:	Qualificat ion ID	NQF Level	Learner Category – Employed/Une mployed	Number of Learners applied for	Workplace Approval/ Application	Evaluator’s Comment

B2.4 APPRENTICESHIP: (List all as applicable)

No.	Qualification/ Trade Title	Qualification/ Trade ID	Qualification Status	NQF Level	Learner Category – Employed /Unemplo yed	Number of Learners applied for	SDP Name	SDP Accredita tion – Valid/Not Valid	Workplace Approval/ Application	Evaluator’s Comment

B2.5 CANDIDACY:(List as applicable)

No.	Qualification/ Programme Title:	Qualification ID	NQF Level	Learner Category – Employed/ Unemployed	Number of Learners applied for	SDP Name	SDP Accredita tion – Valid/Not Valid	Estimated Cost per learner	Evaluator’s Comment

B2.6 – RPL/APRL:(List as applicable)

No.	Qualification/Trade Title	Qualification/Trade ID	Qualification Status	NQF Level	Learner Category – Employed/Unemployed	Number of Learners applied for	SDP Name	SDP Accreditation – Valid/Not Valid	Evaluator's Comment

B2.7 – SKILLS PROGRAMME: (List as applicable)

No.	Unit Standard Title	Qualification ID linked to the Skills Programme	Qualification Status	NQF Level of Unit Standard	Number of Credits	Learner Category – Employed/Unemployed	Number of Learners/Companies (for Coops/SMMs/CBOs) applied for	SDP Name	SDP Accreditation – Valid/Not Valid	Evaluator's Comment

B2.8- Bursary for Employed: (List as applicable)

No.	Qualification/Programme Title:	Qualification ID	NQF Level	Learner Category – Employed/Unemployed	Number of Learners applied for	Proof of Acceptance	Evaluator's Comment

B2.9 Adult Education and Training (AET) – (List as applicable)

No.	Qualification/ Programme Title:	Qualification ID	NQF Level	Learner Category – Employed	Number of Learners applied for	SDP Name	SDP Accreditation – Valid/Not Valid	Evaluator's Comment

B2.10 – High School Development Programme: (List as applicable)

No.	Subject/s	Grade	Learner Category Unemployed	Number of Learners applied for	Entity Name	Evaluator's Comment

SECTION B3: DETAILS OF DUE DILIGENCE – Continued

Verification Item (Items in Green are Compulsory)	Documents Required	Format Required	Yes/No/Partial/N/a	Evaluator's Comments
B3.1. Appointments of SDP for Learnerships, Skills Programme, Apprenticeship, Internship, RPL, ARPL, Assessment Centre: <ul style="list-style-type: none"> Is there appointed Skills Development Provider 	<ul style="list-style-type: none"> Valid Signed Service Level Agreement Valid signed Appointment letter Valid Database/appointment of all SDPs who were successful put on the panel by the Municipality through supply chain process 	Electronic copy of the supporting documents.		

<ul style="list-style-type: none"> • Check duration of the SLA if still valid 				
B3.2. Validate Proof of Accreditation <ul style="list-style-type: none"> • Verify accreditation of Service Provider especially those that did not submit proof as service provider. during desktop verification. • Verify accreditation of service provider is valid and confirm expiry date. • Ensure certified copies are valid within 6-months legal period • 	<ul style="list-style-type: none"> • Proof of accreditation certificates (letters) for qualifications applied for. 	<ul style="list-style-type: none"> • Electronic copy of the Accreditation letter. Certified copies 		
B3.3. Delivery practitioners: 3.3.1 Validate Proof of CV, Qualifications and ID copies of the following: <ul style="list-style-type: none"> • Facilitators • Assessors • Moderators • Verify registration of each moderator, assessor and facilitator is valid. Confirm expiry date. • Ensure registration of these candidates are clearly linked to qualifications applied for. • Ensure certified copies are valid within 6 months legal period 	<ul style="list-style-type: none"> • Latest CV 	Copies		
	<ul style="list-style-type: none"> • Certified ID Copy • Certified Qualifications/ Statement of results. 	Certified copies		
	<ul style="list-style-type: none"> • Valid Proof of registration for Assessors and Moderators with the relevant SETA 	Copies		
	<ul style="list-style-type: none"> • Proof of relationship between the practitioners and the SDP i.e., SLA/Appointment Letters 	Copies		
B3.4. Validate Workplace Approval (Applicable for Work-place based learning interventions) <ul style="list-style-type: none"> • Verify workplace certificate/letter is valid. Confirm expiry date and vetting SETA. 	<ul style="list-style-type: none"> • Certificate of Workplace Vetting and or Workplace Approval letter 	Copies		

<p>B3.5. Validate Number of Training Sites Available</p> <ul style="list-style-type: none"> The minimum or acceptable criteria requirements for classrooms/simulation sites/workplace must ensure the following: <ul style="list-style-type: none"> COVID (COVID Implementation Plan) and OHS Classroom Setup (Classrooms sites are conducive for learning including sufficient tables/chairs and other relevant equipment, space for social distancing, number of learners, Hygiene, Disability) Workplace (Workplaces are conducive for working including COVID Implementation plan, allocation of work station, office equipment, appointment and allocation of mentor, logbook for assessment, accessible of the training place to the workplace and possible transportation of learners) Learners with Disability (Accessibility, Suitable learning material, allocation and support of trained mentor) 	<p>Verify training sites that will be used for the project:</p> <ul style="list-style-type: none"> Classrooms Simulations sites <p>Approval letter by the relevant SETA</p>	<p>Take pictures of a minimum of one training site</p> <p>Copies of COVID Implementation Plan and OHS Plan</p>		
<p>B3.6. Validate Host Employer and Agreements (Where applicable)</p> <p>Suitable capacity is defined in terms of meeting workplace requirements and readiness:</p> <ul style="list-style-type: none"> Classroom Setup (Classrooms sites are conducive for learning 	<ul style="list-style-type: none"> Letter confirming interest to host learners by employers with suitable capacity Letters must be on employer's official letterhead. These letters must be specific to: 	<p>Signed Agreement Copies</p>		

<p>including sufficient tables/chairs and other relevant equipment, space for social distancing, number of learners, Hygiene, Disability)</p> <ul style="list-style-type: none"> - Workplace (Workplaces are conducive for working including COVID Implementation plan, allocation of workstation, office equipment, appointment and allocation of mentor, logbook for assessment, accessible of the training place to the workplace and possible transportation of learners) - Learners with Disability (Accessibility, Suitable learning material, allocation, and support of trained mentor) 	<ul style="list-style-type: none"> - Learning Intervention; - Qualification; and - Number of learners applied for • All host employer letters will be telephonically verified with some physical site visits where required • In a case of a District Municipality, the relationship with its local municipalities must be demonstrated in a form of letters/minutes/MoU/ or SLA. 			
<p>B3.7. Review and Confirm Project Implementation Plan and Workplace Mentors</p> <ul style="list-style-type: none"> • The following should be checked against the plan: <ul style="list-style-type: none"> - Scope of the project can be achieved - Final approved training manuals/learner material • Confirm availability of workplace mentors for workplace-based learning programmes 	<ul style="list-style-type: none"> • Confirm Project Implementation Plan as provided at application stage. • Confirm Project Implementation Plan per learning interventions applied • Confirm mentors' availability at workplaces 	<p>Copy of the Implementation Plan</p> <p>List of workplace mentors</p>		
<p>B3.8. Review and Confirm Learner Recruitment Plan</p>	<ul style="list-style-type: none"> • Confirm Learners Recruitment Plan provided at application stage. • Please provide one recruitment plan per Learning 	<p>Copy of the Learner Recruitment Plan</p>		

	<ul style="list-style-type: none"> Intervention Recruitment and uploading of learners into LGSETA system should not take more than 30 days. Learner Database 			
B3.9 Confirm list of Companies registered with CIPRO for CBOs/NPOs/Cooperatives/SMMEs, if applicable	<ul style="list-style-type: none"> Confirm CBOs/NPOs/Cooperatives/SMMEs database 	List of CBOs/NPOs/Cooperatives/SMMEs		
B3.10. Review and Confirm Project Budget	<ul style="list-style-type: none"> Confirm the budget and costing per each learning intervention as provided at application stage. 	Copy of the Project Budget		

SECTION C: RECOMMENDATIONS AND DETAILS OF THE EVALUATION TEAM

RECOMMENDATIONS							
12. Indicate Recommendations based on Due Diligence Evaluation Visit:							
NAME OF SDP	Learning Intervention	Qualification Title	SAQA ID	Credits	NQF LEVEL	Number of Learners Recommended	
						18.1	18.2
	E.g., Learnership	E.g., NC: Environmental Practice	E.g., 48752		E.g., 3	E.g., 20	E.g., 20

	<u>Comments:</u>						

13. Names and Signatures of LGSETA Evaluators:

Name and surname	Designation	DATE	SIGNATURE
1.			
2.			
3.			