



HUMAN RESOURCE DEVELOPMENT COUNCIL

HRDC, Ground Floor, IVTB House, Phoenix. Tel No: 6018125/6/7. Fax No: 6973901
Website: www.hrdc.mu

FORM G1

GRANT APPLICATION FORM – G1

For Internal Use

SN:.....

DATE:.....

SIG:.....

PART I - GENERAL INFORMATION

1. IDENTIFICATION

Name of Enterprise:

Address:

Tel: Fax:

Employer's Registration Number with the National Pension Fund:

Nature of Business:

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. Agriculture & Fishing | <input type="checkbox"/> | 7. Transport, Storage & Communication | <input type="checkbox"/> |
| 2. Mining & Quarrying | <input type="checkbox"/> | 8. Finance & Insurance, Real Estate & Business Services | <input type="checkbox"/> |
| 3. Manufacturing | <input type="checkbox"/> | 9. Community, Social & Personal Services | <input type="checkbox"/> |
| 4. Electricity & Water | <input type="checkbox"/> | 10. Others | <input type="checkbox"/> |
| 5. Construction | <input type="checkbox"/> | Please specify..... | |
| 6. Wholesale, Retail Trade
Restaurant & Hotels | <input type="checkbox"/> | | |

2. STATUS OF ENTERPRISE *(Please tick the appropriate)*

- | | | | |
|-------------------------------|--------------------------|----------------|--------------------------|
| Development Certificate | <input type="checkbox"/> | Others | <input type="checkbox"/> |
| Export Enterprise Certificate | <input type="checkbox"/> | Please specify | |
| Pioneer Status | <input type="checkbox"/> | | |



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3. FINANCIAL INDICATORS

Total employment (Number) :.....

Levy Contribution (Last Financial Year) (Rs) :.....

Estimated Levy Contribution for current financial year (Rs) :.....

Tax Rate for Current Financial Year (%) :.....

4. PROGRAMME / COURSE TITLE

Course Title:

.....MQA/TEC Course Code.....

◆ Type of Course:

- | | | | |
|---------------------------------|--------------------------|---------------------------------|--------------------------|
| 1. Accountancy | <input type="checkbox"/> | 9. Information Technology | <input type="checkbox"/> |
| 2. Communication & Media | <input type="checkbox"/> | 10. Management | <input type="checkbox"/> |
| 3. Agriculture & Horticulture | <input type="checkbox"/> | 11. Marketing | <input type="checkbox"/> |
| 4. Banking | <input type="checkbox"/> | 12. Quality | <input type="checkbox"/> |
| 5. Beauty Care & Hairdressing | <input type="checkbox"/> | 13. Secretarial & Office Skills | <input type="checkbox"/> |
| 6. Textiles | <input type="checkbox"/> | 14. Others | <input type="checkbox"/> |
| 7. Engineering | <input type="checkbox"/> | Please specify | <input type="checkbox"/> |
| 8. Occupational Health & Safety | <input type="checkbox"/> | | |



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PART II – DETAILS OF TRAINING PROGRAMME

5. PLEASE EXPLAIN THE RELEVANCE OF THE TRAINING TO YOUR ENTERPRISE'S NEEDS AND/OR OBJECTIVES

.....
.....
.....

6. COURSE PROVIDED BY TRAINING INSTITUTION

Name of Training Institution:

Address of Training Institution:

Tel No: Fax No:

Name of Approved Trainer/s:

7. IN-HOUSE TRAINING

Course to be provided by:

Address of Course Provider:

Tel No: Fax No:

Name of Approved Trainer/s	In House Internal Trainer	In House External Trainer	In House Foreign Trainer

8. OVERSEAS COURSES

Institution providing Training:

Address:

..... Country:

Tel No: Fax No:

9. NATURE OF CERTIFICATION

Certificate of Attendance
Award Certificate

10. DURATION OF TRAINING

Full time Part time
Total Number of contact hours per trainee (excl. Meal break)

11. METHOD OF TRAINING

On-the-Job
Off-the-Job
Both



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12. COURSE BUDGET

EXPENDITURE	TOTAL (Rs)
a) Course provided by training institution locally: Course fees (as approved by MQA)
b) Overseas courses	
Course fees approved by MQA (Rs):
No. of Participants:
Air fares (Rs):
Total Expenditure (Rs):

13. EMPLOYEE/S STATUS

Name/s of employee/s who will be attending the training program and position held:

No.	Name of Employee/s	Position Held
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.....

.....

.....

.....

Note: Please attach additional list if necessary

Is/Are the above employee/s on your enterprise's payroll?

Yes

No

If no, clarify:.....

Is levy being paid for the/these employee/s?

Yes

No

If no, clarify:.....

Is/Are the employee/s financially sponsored in full by your enterprise?

Yes

No

Has your company applied for any form of financial support for this particular training programme from any other organisation?

Yes

No

If yes, please state name of organisation and present status of application.

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PART III - PARTICULARS OF TRAINEES

14. *TOTAL NO. OF TRAINEES AND SCHEDULE OF TRAINING

	Date from	Date to	Departure date (Overseas Training)	No. of trainees
First batch
Second batch
Third batch
Total No. of Trainees.....				

15. CURRENT DESIGNATION OF TRAINEES

	No of trainees		No of trainees
Professionals	Craft & Trade Workers
Managers	Machine Operators
Service Workers	Skilled Agricultural Workers
Clerks	Others
Technicians		

16. DECLARATIONS

We declare that the facts stated in this application and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/distorted any material fact.

We understand that if we obtain the grant by false or misleading statements, the HRDC may, at its discretion,

1. Withdraw the grant and recover immediately from us any amount of the grant that may have been disbursed and
2. Take any other action deemed necessary.

.....
Signature

.....
Designation

.....
Name

.....
Date

Documents enclosed (<i>please tick as appropriate</i>)	
1	Timetable(starting and ending time)
2	Venue