

REQUEST TO PARTICIPATE IN TRAINING LAYOFF SCHEME IN TERMS OF SECTION 150(1) OF THE LRA



READ THIS FIRST



WHAT IS THE PURPOSE OF THIS FORM?

This form enables a party to request that a Commissioner be appointed to conciliate a dispute that may lead to the conclusion of an agreement to participate in the Training Layoff Scheme. More than one party may make a request jointly.

WHO FILLS IN THIS FORM?

An employer and/or trade union (or one or more employees) may complete this form.

WHERE DOES THIS FORM GO?

The Registrar, Provincial Office of the CCMA in the province or region where the business operates and where the employees are based. See details on this page.

WHAT WILL HAPPEN WHEN THIS FORM IS SUBMITTED?

This request will be evaluated to determine whether to appoint a Commissioner to assist the parties by conciliation to conclude a Training Layoff Agreement.

PROVINCIAL OFFICES OF THE CCMA

CCMA EASTERN CAPE – East London
Rennies Building, Cnr Church & Oxford Street
EAST LONDON
Private Bag X9068, EAST LONDON, 5200
Tel: (043) 743-0826
Fax: (043) 743-0810
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CCMA EASTERN CAPE – Port Elizabeth
107 Govan Mbeki Avenue
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Private Bag X22500, PORT ELIZABETH, 6000
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CCMA FREE STATE
NBS Building, Cnr Elizabeth & Westburger Streets
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CCMA GAUTENG – Johannesburg Regional Office
127 Fox Street
JOHANNESBURG
Private Bag X96, MARSHALLTOWN, 2107
Tel: (011) 220 5000
Fax: (011) 220-5101/02/03/04/0861 392 262
Email: gauteng@ccma.org.za

CCMA GAUTENG – Tshwane (Pretoria)
Metro Park Building, 351 Schoeman Street
PRETORIA
Private Bag X176, PRETORIA, 0001
Tel: (012) 392-9700
Fax: (012) 392-9702
Email: Pta@ccma.org.za

CCMA KWAZULU-NATAL – Durban
Embassy Building, 199 Smith Street
DURBAN
Private Bag X54363, DURBAN, 4000
Tel: (031) 362-2300
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Email: KZN@ccma.org.za

CCMA KWAZULU-NATAL – Pietermaritzburg
Gallwey House, Gallwey Lane
PIETERMARITZBURG
PO Box 72, PIETERMARITZBURG, 3200
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CCMA KWAZULU-NATAL – Richards Bay
ABSA Building, Lakeview Terrace, Trinidad Parking area
RICHARDS BAY
Private Bag X1026, RICHARDS BAY, 3900
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CCMA LIMPOPO
CCMA House, 104 Hans van Rensburg Street
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Private Bag X9512, POLOKWANE, 0700
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Email: PTB@ccma.org.za

CCMA MPUMALANGA
CCMA House, Diedericks Street
WITBANK
Private Bag X7290, WITBANK, 1035
Tel: (013) 656-2800
Fax: (013) 656-2885/6
Email: WTB@ccma.org.za

CCMA NORTHERN CAPE
CCMA House, 5-13 Compound Street
KIMBERLEY
Private Bag X6100, KIMBERLEY, 8300
Tel: (053) 831-6780; Fax: (053) 831-5947/8
Email: KMB@ccma.org.za

CCMA NORTH WEST - Klerksdorp
CCMA House, 47 Siddle Street
KLERKSDORP
Private Bag X5004, KLERKSDORP, 2570
Tel: (018) 464-0700; Fax: (018) 462-4126
Email: KDP@ccma.org.za

CCMA NORTH WEST - Rustenburg
Sanlam Centre, 43-45 Boom Street
RUSTENBURG
Private Bag X82140, RUSTENBURG, 0300
Tel: (014) 597 0890
Fax: (014) 538-2167
Email: KDP@ccma.org.za

CCMA WESTERN CAPE – Cape Town
CCMA House, 78 Darling Street
CAPE TOWN
Private Bag X9167, CAPE TOWN, 8000
Tel: (021) 469-0111; Fax: (021) 465-7193/7
Email: CTN@ccma.org.za

CCMA WESTERN CAPE - George
62 Cathedral Street, Cathedral Square 2
GEORGE
Private Bag X6650, GEORGE, 6530
Tel: (044) 873 2961
Fax: (044) 873 2906
Email: CTN@ccma.org.za

READ THIS FIRST



OTHER PARTIES

If more than one party is submitting this form, write down the names and particulars on a separate piece of paper and attach details to this form.

OTHER INSTRUCTIONS

A copy of this form must be served on the other party.

Proof that a copy of this form has been served on the other party must be supplied by attaching:

- A copy of a registered slip from the Post Office;
- A copy of a signed receipt if hand delivered;
- A signed statement confirming service by the person delivering the form;
- A copy of a fax confirmation slip; or
- Any other satisfactory proof of service.

NOTE

Proof of service is not required if all parties have consented to conciliation.

1. DETAILS OF PARTY MAKING APPLICATION

Name:

Postal Address:.....

..... Postal Code:

Contact Person:

Tel:..... Cell:.....

Fax:..... Email:

2. DETAILS OF THE OTHER PARTY

Name:

Postal Address:.....

..... Postal Code:

Contact Person:

Tel:..... Cell:.....

Fax:..... Email:

3. DETAILS OF THE OTHER PARTY

(IF MORE THAN ONE OTHER PARTY, PROVIDE DETAILS ON A SEPARATE PAGE)

Name:

Postal Address:.....

..... Postal Code:

Contact Person:

Tel:..... Cell:.....

Fax:..... Email:

4. HOW MANY EMPLOYEES DOES THE EMPLOYER EMPLOY?

5. HOW MANY EMPLOYEES HAS THE EMPLOYER DISMISSED FOR OPERATIONAL REQUIREMENTS IN THE PAST 12 MONTHS?

6. IF SHORT-TIME HAS BEEN IMPLEMENTED, PROVIDE DETAILS OF :

DATE SHORT-TIME COMMENCED:.....

NUMBER OF EMPLOYEES PLACED ON SHORT-TIME:.....

NUMBER OF DAYS OF SHORT-TIME PER WEEK :

(IF INSUFFICIENT SPACE, PROVIDE FULL DETAILS ON A SEPARATE PAGE)

7. HOW MANY EMPLOYEES ARE LIKELY TO BE PLACED ON THE TRAINING LAYOFF?

8. HOW LONG IS THE TRAINING LAYOFF EXPECTED TO LAST?
(MAXIMUM PERIOD FOR THE TRAINING LAYOFF IS THREE (3) MONTHS)

Please turn over

9. SUMMARISE THE FACTS THAT INDICATE THAT THE BUSINESS IS IN DISTRESS AS A RESULT OF ECONOMIC CRISIS

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.....

10. MOTIVATE WHY PARTICIPATION IN THE TRAINING LAYOFF SCHEME COULD ASSIST THE BUSINESS IN THE SHORT TERM:

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11. IN ORDER TO EVALUATE WHETHER THE BUSINESS IS ELIGIBLE TO PARTICIPATE IN THE TRAINING LAYOFF SCHEME, SUFFICIENT INFORMATION MUST BE PROVIDED TO DEMONSTRATE THAT THE BUSINESS IS IN DISTRESS WHICH MAY INCLUDE THE FOLLOWING:

- AUDITED ANNUAL FINANCIAL STATEMENTS (most recent, if applicable)
- MANAGEMENT ACCOUNTS (most recent)
- BANK STATEMENTS (last six months)
- VAT RETURNS (last six returns)
- INVENTORY (most recent)
- DEBTORS AND CREDITORS AGE ANALYSIS (most recent)
- SIX (6) MONTHS CASHFLOW FORECAST
- ANY OTHER

Tick the correct box

12. SECTOR

INDICATE THE SECTOR OR SERVICE IN WHICH THE BUSINESS OPERATES.

- | | | |
|--|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Private Security | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Contract Cleaning |
| <input type="checkbox"/> Media & Television | <input type="checkbox"/> Mining | <input type="checkbox"/> Metal |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Services | <input type="checkbox"/> Paper & Printing |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Domestic | |
| <input type="checkbox"/> Other (<i>please describe</i>)..... | | |

13. WHICH SECTOR EDUCATION AND TRAINING AUTHORITY (SETA) DO YOU FALL UNDER?

.....

14. WHAT IS YOUR SKILLS DEVELOPMENT LEVY (SDL) NUMBER?

Please turn over 

Parties may, at their own cost, bring interpreters for languages other than the official South African languages. Please indicate this under 'other'.

Special features might be the urgency of the matter, the large number of people involved, etc.

It is advisable that a party to this dispute obtain the consent of the other parties before making the request as this will expedite the processing of the request. If this is not possible, their consent must be obtained before conciliation can commence.

15. DOES THE BUSINESS FALL UNDER THE JURISDICTION OF A BARGAINING COUNCIL? IF SO, GIVE DETAILS OF COUNCIL.

.....
Participation in the Training Layoff Scheme will be dependent on the employer being granted an exemption from the relevant Bargaining Council Agreement, if required. It is the responsibility of the employer to apply to the Bargaining Council for any such exemption.

16. INTERPRETATION SERVICES

Do you require an interpreter at the Training Layoff Facilitation? YES NO

If yes, please indicate for what language:

- | | | |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> isiNdebele | <input type="checkbox"/> isiZulu |
| <input type="checkbox"/> isiXhosa | <input type="checkbox"/> Sepedi | <input type="checkbox"/> Sesotho |
| <input type="checkbox"/> Setswana | <input type="checkbox"/> siSwati | <input type="checkbox"/> Tshivenda |
| <input type="checkbox"/> Xitsonga | <input type="checkbox"/> Other (<i>please indicate</i>)..... | |

17. SPECIAL FEATURES / ADDITIONAL INFORMATION

Briefly outline any special features / additional information that could assist this application.

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.....

18. CONFIRMATION OF ABOVE DETAILS:

Form submitted by (name):.....

Signature:.....

Position:.....

Date:.....

Place:.....

19. IF THE PARTIES HAVE CONCLUDED A TRAINING LAY-OFF AGREEMENT, A COPY SHOULD BE ATTACHED

20. CONSENT TO CONCILIATION

Participation in the Conciliation is voluntary and therefore requires all parties to consent to the process before the Conciliation can commence.

I / We confirm that we consent to participation in conciliation on the Training Layoff Agreement.

Signature:.....

Position:.....

Date:.....

Place:.....

(IF MORE THAN ONE OTHER PARTY, PROVIDE CONSENT ON A SEPARATE PAGE)