

**ACCREDITED COUNCIL
APPLIES FOR
SUBSIDY/RENEWAL OF
SUBSIDY**



Read This First



**WHAT IS THE PURPOSE OF THIS
FORM?**

This form is an application by a Council to the Governing Body of the CCMA for a subsidy to perform dispute resolution functions and train people to perform these functions.

WHO FILLS IN THIS FORM?

An accredited Council applying for subsidy.

WHERE DOES THIS FORM GO?

To the CCMA National Office:
28 Harrison Street
Johannesburg
Private Bag X94
Marshalltown 2107
Tel: (011) 377 6650
Fax: (011) 834 7351
E-mail: ho@ccma.org.za

OTHER INSTRUCTIONS

The Council must send:

The form and the current certificate of accreditation (if applicable) as well as any additional information, which the Council wants to bring to the attention of the Governing Body.

CHECK!

Have you attached your current certificate of accreditation?
Have you attached your motivation (See Section 132(3))?

1. ACCREDITED COUNCIL DETAILS

Name :

.....

Postal Address:

.....

Tel:..... Fax:.....

Contact Person:

Registration Number:

**2. DISPUTE RESOLUTION FUNCTIONS FOR WHICH COUNCIL
IS ACCREDITED FOR**

Is the Council already accredited to perform particular dispute resolution functions?

☐ Yes

☐ No

If yes, attach the certificate of accreditation.

**Are any dispute resolution functions of the Council performed
by an accredited agency?**

☐ Yes

☐ No

If yes, name the agency and describe those dispute resolution functions.

.....

.....

.....

.....

Please turn over →

3. THE EXTENT TO WHICH THE SERVICES PROVIDED BY THE APPLICANT WILL MEET THE COMMISSION'S STANDARDS

The Governing Body may grant a subsidy to the applicant after considering the application, any further information provided by the applicant and-

- (a) the need for the performance by the applicant of the functions for which it is accredited;
- (b) the extent to which the public uses the applicant to perform the functions for which it is accredited;
- (c) the cost to users for the performance by the applicant of the functions for which it is accredited;
- (d) the reasons for seeking the subsidy;
- (e) the amount requested; and
- (f) the applicant's ability to manage its financial affairs in accordance with established accounting practice, principles and procedures.

4. DISPUTE RESOLUTION CASE LOAD

Estimate case load?.....

What period does the estimate cover?

(Note: the period should end with the close of the CCMA's financial year, i.e. 31 March)

5. ESTIMATED COST PER CASE

Please indicate daily fee payable to panellists R.....

6. BUDGET SUMMARY FOR THE PERIOD

(Elaborate on these estimates in a supporting annexure)

6.1 Anticipated Expenses/Direct Costs:

Panellists costs

Travelling costs

Please turn over



6.2 Anticipated Income:

The Council's dispute resolution work will be financed as follows:

(In Rands and as a percentage of the total dispute resolution budget. Supply further details if appropriate).

	In Rands (Per month)
<i>Levies on Employers</i>	
<i>Levies on Employees</i>	
<i>Commission Subsidy</i>	
<i>TOTAL</i>	

7. MOTIVATION

- (a) The need for your services;
- (b) The reasons for seeking the subsidy;
- (c) The amount requested;
- (d) Capacity to deal with finances responsibly.

8. CONFIRMATION OF ABOVE DETAILS:

Form submitted by:

.....
(please print name)

Signature:

Position:

Date.....

Place.....



COMMISSION FOR CONCILIATION, MEDIATION & ARBITRATION

TO THE CCMA

PROTECTION OF PERSONAL INFORMATION ACT, 4 OF 2013

By signing this referral form, I/we hereby grant my/our voluntary consent that my/our personal information may be processed, collected, used and disclosed in compliance with the Protection of Personal Information Act, 4 of 2013. I/we furthermore agree that my/our personal information may be used for the lawful and reasonable purposes in as far as the CCMA (responsible party) must use my/our information in the performance of its public legal duty. I/we understand that my/our personal information may be disclosed to a third party in as far as the CCMA must fulfil its public legal duty. I/we furthermore understand that there are instances in terms of abovementioned Act where my express consent is not necessary to permit the processing of personal information, which may be related to litigation or when the information is publicly available. Further details are available on the CCMA website.

SIGNED AT _____ **ON THIS** _____ **DAY OF** _____ **202**____

INITIAL AND SURNAME: _____

SIGNATURE: _____