GAUTENG PROVINCE
TREASURY
REPUBLIC OF SOUTH AFRICA

HRD
TRAINING SPECIFICATION FORM

Note: This document serves as a guide; it clearly describes the desired outcomes or deliverables of the service to be procured.

BUSINESS UNIT: Provincial Accounting Services

SUB-UNIT: Accounting and Reporting

Part A | TRAINING INFORMATION	
Training Programme:	Leadership Skills Training
Description of the Training:	Decision making & problem solving, team managment and conflict management.
Course Accreditation: YES | NO *(If YES, Service Provider should attach Proof of Accreditation)*	Yes
Date(s) of the Training:	TBC
Duration of Course: *(No. of days)*	3 days
Number of Attendees: *(Attach name list)*	5
Is the Course Aligned to the Current Training Plan: YES | NO *(If NO, attach approved memo)*	Yes

Part B | TRAINING CONTENT AND EXPECTATIONS	
Course Objectives	**Expected Outcome**
The objective of the course: Improve on my knowledge and skills to lead and inspire a team Manage conflict Problem-solving and decision-making capabilities	At the end of the course, you will be able to: Understand which leadership style works in my team Build and motivate a strong team Being able to handle conflict

Delivery Method: *(Face2Face or Online)*	Online
Is the training programme done by a sole service provider? YES | NO *(If YES, attach a confirmation letter of sole provider)*	NO

HRD Contact Details:
Mr. M. Xulu –Mxolisi.Xulu@gauteng.gov.za | **Ms. S. Gama** –Siphesihle.Gama@gauteng.gov.za | **Ms. S. Ndudane** – Spokazi.Ndudane@gauteng.gov.za

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Part C | ADDITIONAL INFORMATION			
No	**Item Description**	**Yes/No**	**No. of People**
1.	**Catering:** *(attach the full specification for catering including dietary requirements)*	No	
2	**Venues and Facilities:**	No	
3.	**Other** *(Specify)*:	No	

General Comments

Service provider to attach proof of accreditation.and Facilitator's C.V.

Part D | SIGNATORIES

SIGNED BY SUPERVISOR /OR LINE MANAGER:

Compiled by:	Supported / Not Supported / Supported with Amendments
Assistant Director	Supported
Mr / Ms. Katlego Chauke **Designation:** Assistant Director **Date:** Assistant Director	**Mr / Ms.** **Designation:** Deputy Director **Date:** 19/09/2025 **Comments:**

SIGNED BY THE DIRECTOR OF HRD:

Approved/ Not Approved/ Approved with Amendments

Mr / Ms.
Designation: Acting Director: HRD/ER/EHWP
Date: 29/09/2025

Comments: _____

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