**Closing date and time: 23:59 midnight on Monday 28 February 2022**

**APPLICATION FORM FOR BANKSETA PIVOTAL GRANT FUNDING: EMPLOYED**

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| **CATEGORY** | **PLEASE SELECT ONE ☑** |
| LEARNERSHIPBURSARYPART QUALIFICATIONS / SKILLS PROGRAMMES |  |

**I/ we acknowledge that this consolidated application is complete at the time of submission and that all the below criteria were met for this application to be considered: Kindly provide information as indicated in the “Provide information column” where applicable tick Yes/No**

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| **ELIGIBILITY CRITERIA** | **Provide Information** |
| The applicant must be registered or in the process of registering with the BANKSETA for Skills Development Levy purposes. | Levy Number: |
|  |  |
| In order for Funding Agreements to be signed following the approval of funding applications, the Workplace Skills Plan (WSP) reporting must be submitted by the due date of 30 April 2022 or as communicated by the Department of Higher Education and Training.\*Note that if the WSP is not received or submitted as stated above, Bankseta reserve the right to withhold the Funding Grant | Yes/No |
|  |  |
| The employer must be up to date with levy contributions unless exempt from paying levies. | Yes/No |
|  |  |
| Applications are limited to specific programmes. This application is for the PIVOTAL Grant Funding Window only. | Yes/No |
|  |  |
| In all instances the training provider must be accredited as a training provider by the relevant Quality Council. Please provide name of the provider as it appears on its accreditation certificate / letter. | Provider Name: |
| The provider accreditation must include the qualification applied for - please provide the registration number of the qualification. | Qualification Registration Number: |
|  |  |
| Applications are for programmes starting from 1 April 2022 but no later than 28 February 2023. In the case of Bursaries, registration dates from January 2022 to December 2022 will be considered. | Start date:End date: |
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| In all instances, the proposed intervention must address business needs, scarce skills and PIVOTAL Occupations Scarcity as identified in the Banking Sector Skills Plan and/or support the outcomes of the National Skills Development Plan. | Yes/No |

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| All learner supporting documentation relating to the funding of employees should be submitted **within 2 months of signing the Memorandum of Agreement.** Mandatory, supporting documents must be attached to each learner agreement when submitting this to claim the first payment tranche. Approved Funding may be reconsidered if incomplete learner agreements and documents are submitted. | Yes/No |

**Contact Details**

|  |  |
| --- | --- |
| **Company/ Bank Name:** |  |
| Physical Address |  |
| **Postal Address** |  |
| **Contact person for this program:** |  |
| **Telephone:**LandlineCell |  |
| **E-mail address:** |  |

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| **EVALUATION CRITERIA** |
| **BUSINESS CASE (20%)** |
| * How and why did this project originate? (5)
* What skills priorities are addressed through this project and how does it link to the priorities indicated in the Sector Skills Plan (5)
* How will this benefit learners and employer (10)?
 |
| **IMPLEMENTATION METHODOLOGY/PROJECT PLA/QMP (20%)** |
| **Implementation Methodology (5)*** How will learners be selected?
* Focus Areas (Rural/Urban/Provinces)

**Project Plan (10)**

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| --- | --- |
| **Learner Contracting** | Start Date: |
| End Date: |
| **Training** | Start Date: |
| End Date: |
| **Monitoring/Quality Assurance** | Start Date: |
| End Date: |
| **Anticipated Close Out** | Start Date: |
| End Date: |

**Quality Management Plan (5)*** How will the learner be supported in the workplace?
* How will the employer ensure that learning is applied in practice?
* How will the assessments be conducted and how often?
* How will reporting be done?
 |
| **Equity Targets (30%)** |
| * Of the overall number of learners applied for, what percentage is Black?
* Of the overall number of learners applied for, what percentage is Female?
* Of the overall number of learners applied for, what percentage is Disabled?
 |
| **Track Record / Completion Record / Exit Strategy (30%)** |
| **Track Record (10)*** Please tell us about your track record for example previous programmes implemented
* How many leaners trained, how many completed?

**Completion Strategy (10)*** How will the success of the project be evaluated?
* Give details of proposed methods to be used

**Exit Strategy (10)*** What is your strategy for learners who complete successfully to assist them on their career path?
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| **Total Amount applied for:****R *(inclusive of VAT)*** |  |
| **Anticipated Training Cost per Learner** |  |

**NOTES**

1. **Please complete all the applicable sections in as much detail as possible.**
2. This application should be read in conjunction with the BANKSETA PIVOTAL Grant Funding Window Guidelines
3. Responsibilities of the APPLICANT:

The APPLICANT will have responsibility for the following, which includes (but is not limited to):

* Overall project management
* Reporting to the governance structure of the project and to the BANKSETA
* Contracting with training provider
* Financial management including record keeping.

NOTE: The APPLICANT will be held liable for any financial mismanagement

4. The Protection of Personal Information Act promotes the protection of personal information by public and private bodies. The BANKSETA is in full support of the PoPI Act, and will disclose information only to ensure compliance in terms of the PIVOTAL reporting requirements

**BANKSETA MIS -**

**TRAINING PROVIDER QUALIFICATION AND ACCREDIATION**

This form is **compulsory** and should be completed **in full** by the designated training provider.

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| **Provider Name** |  |
| **Provider Accreditation number** |  |
| **Provider Contact Details (Contact person name, telephone number and email address)** |  |
| **Qualification Name** |  |
| **SAQA registered qualification number / Skills Programme Registration number** |  |
| **Learnership Registration number** |  |
| **NQF LEVEL** |  |

**Authorisation**

We, the representatives from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employer Name) confirm that the information contained in this proposal are correct and commit to ensuring that the project meets its stated objectives.

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| **APPLICANT Roles** | **Name** | **Title / Designation** | **Date** | **Signature** |
| **Senior Manager** |  |  |  |  |
| **Project Manager** |  |  |  |  |
| **Skills Development Facilitator (SDF)** |  |  |  |  |

**Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employer Representative) declare that I will comply with the requirements of BANKSETA for all reporting required for the project and supporting documentation that may be required.

I further declare that:

* This application has been prepared by the Employer Representative.
* I will ensure my availability and presence at BANKSETA Quality Assurance Visits
* I will submit all learner supporting documents to the BANKSETA within two months of signing the Memorandum of Agreement.

Name of Employer Representative : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Capacity of Employer Representative : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Representative : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_