**Closing date and time: 16h00 on Wednesday, 28 February 2024**

**APPLICATION FORM FOR BANKSETA DISCRETIONARY GRANT FUNDING: 2024/2025**

**CATEGORY:** **WORKERS GRANTED BURSARIES (CONTINUING)**

**Please send your application & register it to** [**DGFWapplications2024@bankseta.org.za**](mailto:DGFWapplications2024@bankseta.org.za)

**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**

|  |  |
| --- | --- |
| **ELIGIBILITY CRITERIA** | **Provide Information** |
| The applicant must have submitted a Workplace Skills Plan and Annual Training Report (where applicable) by the due date of 30 April 2023 or 30 May 2023 (where extension was granted). | **Levy Number:**  L |
|  |  |
| The employer must be up to date with levy contributions. | Yes / No |

**Contact Details**

|  |  |
| --- | --- |
| **Company/ Bank Name:** |  |
| **Levy Number:** |  |
| **Physical Address:** |  |
| **Postal Address:** |  |
| **Contact person for this programme:** |  |
| **Telephone:**  Landline  Cell |  |
| **E-mail address:** |  |

**COMPULSORY – PLEASE COMPLETE THE BELOW INFORMATION IN FULL.**

**Lack of necessary information will affect the outcome of your application.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Qualification Name** | **SAQA Qualification ID** | **NQF Level** | **Number of Learners applied for** | **Cost Per Learner (Capped at R40 000.00 per learner)** | **Total Amount applied for (inclusive of VAT):** | **Training Provider Name** | **Training Provider Accreditation number** |
| 1 | e.g. National Certificate: Banking | e.g. 20186 | 5 |  | R | R |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |

**NOTE: You may add as many lines as you wish for the number of bursaries (continuing) that you want to apply for.**

**Authorisation Form**

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

I 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 Monitoring Site Visits.
* I will submit all learner supporting documents to the BANKSETA within two months of signing the Memorandum of Agreement.

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

**Designation of Employer Representative** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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