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

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

**CATEGORY:** **LEARNERSHIPS FOR UNEMPLOYED**

**Please submit applications to** [**DGFWapplications2024@bankseta.org.za**](mailto:DGFWapplications2024@bankseta.org.za)

**I/ we acknowledge that this consolidated application was complete at the time of submission and that all the criteria below were met for this application to be considered. Kindly provide the information indicated in the “Provide information column” where applicable, and 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.**

**The lack of necessary information will affect the outcome of your application.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Learnership Name** | **Learnership Registration Number** | **Qualification ID linked to the registered Learnership** | **NQF Level** | **Number of Learners applied for** | **Cost Per Learner (Capped at R 96 000 per learner)** | **Total Amount applied for (inclusive of VAT):** | **Training Provider Name** | **Training Provider Accreditation number** |
| 1 | e.g., Banking Learnership | e.g., 02Q020021241263 | e.g., National Certificate: Banking 20186 |  |  | R | R |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |

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

**Authorisation Form**

I, the representative from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Employer Name)**, confirm that the information contained in this proposal is 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:

* The Employer Representative has prepared this application.
* 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_