**WORK INTEGRATED LEARNING (WIL) FUNDING APPLICATION FORM 2024/25**

**Application Form**

**Application form for Work Integrated Learning (WIL) Funding Window**

Submission requirements:

* Submit applications via email to [wilfundingwindow2024@bankseta.org.za](mailto:wilfundingwindow2024@bankseta.org.za)
* Email each application for funding separately. An email should therefore contain only one consolidated and complete application in PDF Format
* The consolidated and complete application must be contained within the email itself. Links shared to access applications that were uploaded to cloud or shared drives will not be considered as this does not allow the evaluation team to download or more importantly for an audit trail.
* Verify all documents to ensure its not duplicated, password protected/encrypted or corrupt in any way.
* Ensure timeous submission of all emails to the nominated email address as emails received past the due date and time will not be considered regardless of the time send by the applicant.
* Index the email as follows in the Subject Line: Name of Applicant and number of learners
* Please complete the application form in full.

**Closing date: 16h00 on 16 February 2024.**

**No late applications will be accepted.**

**Communication of decisions**

Decisions in respect of work integrated learning (WIL) funding applications will be communicated by e-mail to applicants once evaluation and approval of outcome has been concluded

Please indicate the applicant’s institution:

|  |  |
| --- | --- |
| **Institution** | **Tick** |
| University of Technology |  |
| TVET Colleges |  |
| Community Education College |  |

Please indicate the WIL training period you are applying for to host learners:

|  |  |  |
| --- | --- | --- |
| **Institution** | **Duration** | **Tick** |
| University of Technology | 12 Months |  |
| TVET Colleges (Nated Programmes) | 18 Months |  |

1. **Applicant Details**

|  |  |
| --- | --- |
| Institution Name |  |
| Physical Address: |  |
| Postal Address: |  |
| Work Integrated Learning Head of Department  (1st contact) | Telephone number  Cell phone:  Landline:  Email address: |
| Work Integrated Learning Administrator/ coordinator (2nd contact) | Telephone number  Cell phone:  Landline:  Email address: |

1. **Application Details**

|  |  |
| --- | --- |
| Number of Learners applying for |  |
| Stipend amount applying for | Please note the capped amount as per the funding window guidelines |
| Admin fee applying for | Please note the capped amount as per the funding window guidelines |
| Total amount applying for |  |
| Province where Learners will be placed |  |
| Local Municipality where learners will be placed. |  |
| District Municipality where learners will be placed. |  |
| Learner Qualifications | Applications must be in support of skills identified in the BANKSETA Sector Skills Plan. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Municipality | Black / Coloured / Indian | | White | | Learners with disability | | Youth  (max 35 years old) | TOTAL |
|  | Male | Female | Male | Female | Male | Female |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| TOTALS |  |  |  |  |  |  |  |  |

1. **Learner Details**

Note: When allocating funding BANKSETA may prioritize provinces, municipalities, rural areas, woman, and people with disabilities.

1. **Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that:

1. The learners for which I have applied, have not already received grant funding from another source (donor, SETA, funding agent), for work integrated learning
2. I will inform the BANKSETA of the successful completion and / or permanent employment of the learner/s
3. I will obtain the learners’ consent to share and communicate their personal information, in respect of the requirements to access this funding. This is as defined in the Protection of Personal Information Act No. 4 of 2013; and
4. In the event the College is approved to implement this project that the funds will only be used for the purpose it was intended.

Name of Institution representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Capacity of Institution representative: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Institution representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_