

**APPLICATION FORM FOR BANKSETA SPECIAL PROJECTS**

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| **CATEGORY 1 – Reskilling / Upskilling Funding Window** |

**I/ we acknowledge that this is consolidated application is complete at the time of submission and that all the below criteria were met for this application to be considered:**

**CATEGORY 1:**

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| **ELIGIBILITY CRITERIA** | **Yes / No** |
| Applicants must meet the eligibility criteria as indicated below to qualify for funding | |
| * The applicant must be registered or in the process of registering with the BANKSETA for skills development levy purposes. |  |
| * The applicant (Employer) must have submitted a Workplace Skills Plan and Annual Training Report (where applicable) to BANKSETA by the due date of 30 April 2024 or 30 May 2024 (where extension was granted). |  |
| * The applicant must be up to date with levy contributions to BANKSETA. |  |
| * Federations /Trade Unions may apply on behalf of their members employed in the Banking or Alternative Banking Sector. |  |
| * The roles of all beneficiaries applied for must be impacted by **changes in the role** or **restructuring** or **retrenchment** in the organisation. A motivation or explanation from the applicant must be submitted in support of this. **(This should be on a Company Letterhead and accompany this application form)** |  |

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| **EVALUATION CRITERIA** | | **Yes / No** |
| Applications must meet the evaluation criteria as indicated below to quality for funding. Any application not adhering to the below will be declined. | | |
| * Application forms requiring the registration numbers for Skills Programmes and Qualifications must be completed in full and correct. | |  |
| * Registered Skills Programme Name |  | |
| * Skills Programme Registration Number |  | |
| * Registered Qualification Name |  | |
| * Qualification Registration Number |  | |
| * Name of non-registered Training Pogramme |  | |
| * Application forms requiring the accreditation number for training providers must be completed in full and correctly. | |  |
| * Name of Accredited Provider | |  |
| * Accreditation number of Training Provider | |  |
| * Application forms must indicate the start and end date of the programmes. These funding windows are only for programmes starting between 1 April 2024 and 28 February 2025. | |  |
| * Motivation or explanation for the changes in role or restructuring or retrenchment must be complete and correct. | | On a company letter head |

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| **CONTRACTING** |  |
| BANKSETA will sign a Memorandum of Agreement (MoA) with the applicant for each application that is approved. |  |
| To enable the BANKSETA to prepare the MoA, the applicant/s must provide the following:   * Detailed list of learner/s * Detailed programme/s * Provider accreditation documents * Actual cost of programme/s * Actual total cost |  |
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**Contact Details**

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| **Applicant Name:** |  |
| **BANKSETA Registered Levy no.** | **L** |
| **Physical Address** |  |
| **Postal Address** |  |
| **Contact person for this program:** |  |
| **Telephone:**  Landline / Cell Phone |  |
| **E-mail address:** |  |

**Application Details**

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| **Number of Employees applied for** |  |
| **Number of Courses Applied for** |  |
| **Cost per learner** |  |
| Total Amount applied for:  R (**inclusive** **of VAT**) |  |
| **Project start and end date**  *(Overall project timeline/ start with planning and end with close-out)* | Start date: Day / Month / Year  End date: Day / Month / Year |
| **Anticipated Training start and end date (***actual training period / exclude planning and close out)* | Start date: Day / Month / Year  End date: Day / Month / Year |

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| **TO NOTE** |
| A final project plan will be required **at the time of signing** the Funding Agreement (MoA) to enable the payment and timelines to be finalised.    At the time of close out, a close out report must be submitted to give feedback on the project implementation leading up to closure. The types of elements that need to be incorporated in this report include:   * Risk Management * Deviations from Project Aims and Objectives (Mitigating factors for deviation) * Lessons Learned * Challenges, achievements, and successes * Financial Management / Corporate governance procedures |

**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 Discretionary Grant Window Special Projects for Employed Guidelines.
3. Responsibilities of the APPLICANT, which includes, but is not limited to:

* Overall project management
* Reporting to the governance structure of the project and to the BANKSETA
* Procurement\*
* Financial management including record keeping.

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

4.The Protection of Personal Information Act, No 4 of 2013 promotes the protection of personal information by public and private bodies. The BANKSETA is in full support of the PoPI (Protection of Personal Information) Act and will disclose information only to ensure compliance in terms of the reporting requirements.

**Generic Project Plan Template:** *Please adapt according to specific organisational* ***needs (The project plan below is a generic plan that the employer can use after the approval of the application has been communicated to the employer. There is no need to complete this section now)***

A final plan will be required at the time of signing the Funding Agreement (MoA) to enable the payment and timelines to be finalised.

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| **Task Name** | **Duration (Days)** | **Start Date** | **Finish Date** |
| **BANKSETA Reskilling Funding** |  | **Day Month Year:** | **Day Month Year:** |
| Organisational processes to finalise restructuring / retrenchment |  |  |  |
| **Planning** |  |  |  |
| **BANKSETA to confirm approved funding for application** |  |  |  |
| **Finalise detailed project plan** |  |  |  |
| **Procure services of providers** |  |  |  |
| **Workplace preparation** |  |  |  |
| **Signing of MOA (Memorandum of Agreement) with the BANKSETA** |  |  |  |
| **Selection: Employed learners** |  |  |  |
| Employers submit full details of nominated employees on template to HR (Human Resources) |  |  |  |
| HR approve/ decline nominated employees |  |  |  |
| **Implementation** |  |  |  |
| Briefing and Contracting sessions |  |  |  |
| Source Documentation |  |  |  |
| Meetings with Providers |  |  |  |
| Tracking of project plan |  |  |  |
| Provide BANKSETA with original copies of agreements incl. supporting documents |  |  |  |
| Raise first tranche invoice |  |  |  |
| Maintain Database |  |  |  |
| Update training results |  |  |  |
| Update BANKSETA database with terminations etc |  |  |  |
| **Quality Assurance** |  |  |  |
| Monitor progress against Implementation Plan |  |  |  |
| **Close Out** |  |  |  |
| Document and distribute activities |  |  |  |
| Submit Status and End Project reports |  |  |  |
| Raise final tranche invoice |  |  |  |

**Authorisation**

We, the representatives from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Applicant 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) |  |  |  |  |

We further declare that:

* We will ensure availability and presence at BANKSETA Quality Assurance Visits to be conducted face-to-face or electronically
* We will submit all learner supporting documents as per BANKSETA funding requirements within two months of the date that the MOA was signed by the Applicant and returned to the BANKSETA, and learner agreements will not be older than one month from the learner agreement start date at the time of submission.
* Learner evidence older than one month from signing of the learner agreement will not be accepted
* Approved Funding may be reconsidered if incomplete learner agreements are submitted.

**Name of Applicant Representative** **:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title/Capacity of Applicant Representative** **:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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