**Closing date and time: 16h00 on Friday, 14 February 2024**

**APPLICATION FORM FOR BANKSETA DISCRETIONARY GRANT FUNDING: 2025/2026**

**CATEGORY:** **REGISTERED SKILLS PROGRAMME FOR UNEMPLOYED**

**Please submit applications to** [DGFW-Applications2025@bankseta.org.za](mailto:DGFW-Applications2025@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, 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 2024 or 30 May 2024 (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 program:** |  |
| **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.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Registered Skills Programme Name** | **Skills Programme Registration Number (Not for Part Qualifications)** | **Qualification ID** | **Unit Standard** | **Skills Program Start Date** | **Skills Program End Date** | **Number of Learners applied for** | **Cost Per Learner (Capped at R56 000 per learner)** | **Total Amount applied for (inclusive of VAT):** | **Training Provider Name** | **Training Provider Accreditation number** |
| 1 | e.g., National Certificate Banking | e.g., SP557/2020/514 | e.g.20184 | e.g. 252043,252027 | 01 April 2025 | 30 October 2025 | 10 | R56 000 | R560 000 |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |

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

**Authorization Form**

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

I declare that I will comply with BANKSETA's requirements for all project reporting and supporting documentation.

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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_