**Closing date and time: 16h00 on Friday, 14 February 2025**

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

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

**Please submit applications to** [DGFW-Applications2025@bankseta.org.za](mailto:DGFW-Applications2025@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 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.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Learnership Name** | **Learnership Registration Number** | **Qualification ID linked to the registered Learnership** | **Programme Start Date (refers to the actual implementation date)** | **Programme End Date** | **NQF Level** | **Number of Learners applied for** | **Cost Per Learner (Capped at R112 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 | 01 April 2025 | 31 March 2026 | 3 | 10 | R112 000 | R1 120 000 |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |

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

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