**Closing date and time: 06 January 2025, 17h00 pm**

**APPLICATION FORM FOR BANKSETA INTERNSHIP PROGRAMME**

# PART A: Applicant Details & Authorisation

|  |  |
| --- | --- |
| Name of Applicant  |  |
| Physical Address  |  |
| Postal Address  |  |
| Contact person for this program:   |  |
| Telephone:  Landline  Cell  |   |
| E-mail address:   |  |

PART B: ELIGIBILITY CRITERIA

 BANKSETA has categorized the eligibility applicants below:

**Please indicate the nature of the applicant and provide the required information**

|  |  |
| --- | --- |
| Applicant Category | Additional Explanatory Notes |
| BANKSETA Employers  | Levy payers; and registered with the BANKSETA for skills development levy purposes; and who have submitted a Workplace Skills Plan (WSP) for the 2024 year by 30 April 2024 |
| Non-State Institutions | Non-Governmental Organizations or Non-profit organizations or Community Development Institutions |
| Private Enterprises and Agencies | Private companies, other than BANKSETA employers with experience and capacity in training and placement of unemployed youth |
| Government Departments and entities | Department; Public Entities District Municipalities & their agencies |

**Evaluation Criteria**

**The evaluation panel will apply predetermined evaluation criteria to score applications. The criteria will include**

| Criterion | Notes/explanation | Weighting |
| --- | --- | --- |
| 1. Project Implementation Plan and Methodology | * The applicant must provide a detailed plan and methodology regarding:
* Selecting and securing host employers or ensuring adequate workplaces
* The applicant must indicate how many workplaces have been tentatively confirmed.
* Delivery of the work readiness workshop
* Delivery of the IT Skills workshop
* Measures to contract learners monitor their attendance and report to the BANKSETA
* Payment and administration of the stipends to learners monthly
* Exit plan/strategy to facilitate transition to employment post-internship
 | 35% |
| 2. Capacity to manage and implement training and placement projects | * The application should provide/demonstrate evidence of capacity and capability to manage the proposed project. This should include concrete evidence of existing networks or associate organisations that form part of this capacity.
* The applicant must indicate the resources to ensure the project's successful implementation and roles and responsibilities.
 | 20% |
| 3. Experience and Track record in implementing a similar programme | * The applicant must demonstrate and provide examples of projects implemented in the last five years and their relative success. This should include impact indicators such as the number of learners placed and employed post-completion of programmes.
 | 45% |

**PART D: BENEFICIARIES AND GEOGRAPHIC SPREAD**

| **Name of Province**  |  |  | **Number of Beneficiaries**  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Urban**  | **Rural**  | **Black**  | **Female**  | **Disabilities**  | **Total**  |
| Eastern Cape  |   |   |  |  |  |  |
| Free State  |   |   |   |   |   |   |
| Gauteng  |   |   |   |   |   |   |
| KZN  |   |   |   |   |   |   |
| Limpopo  |   |   |   |   |   |   |
| Mpumalanga  |   |   |   |   |   |   |
| Northern Cape  |   |   |   |   |   |   |
| Northwest  |   |   |   |   |   |   |
| Western Cape  |   |   |   |   |   |   |
| **Total** **Number of** **Beneficiaries**  |  |  |  |  |  |  |

## PART E: PROPOSED PROJECT BUDGET

|  |  |
| --- | --- |
| Total Amount applied for: R (**inclusive** **of VAT**)  |  |
| Managing stipends for learners, monitoring Learners' attendance, and reporting on progress and activities to enable employment cost ( Capped at 5200 per learner for at least 12 months) |  |
| Recruitment, selection, and Placement of Learners, contracting of learners cost ( Capped at 1225 per learner) |  |
| Work Readiness Training Cost (Capped at 1200 per learner)   |  |
| Learner Stipends (R6000 per month, per learner for *at least* 12 months)  |  |
| UIF cost (Capped at 2% of the learner stipend amount per learner)  |  |
| Skills Programme Training Fee cost ( Capped at 4000 per learner) |  |
| Number of Months  |  |
| Total Cost per beneficiary  |   |
| Number of beneficiaries  |  |

**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 on the 15th of March 2025

**Name of Employer Representative**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designation of Employer Representative**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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