**“555**

**Closing date and time: 16h00 on 27 March 2026**

**APPLICATION FORM FOR BANKSETA DISCRETIONARY GRANT FUNDING: 2026/2027**

**CATEGORY: INTERNSHIP PROGRAMMES FOR UNEMPLOYED**

All applications must be submitted via the BANKSETA Management Information System (SIMS).

This form must be duly signed and uploaded to [SIMS.](https://sims.bankseta.org.za/)

**Applicant Details**

|  |  |
| --- | --- |
| **Company/ Bank Name:** |  |
| **Levy Number:** |  |
| **Physical Address:** |  |
| **Postal Address:** |  |
| **Contact person for this programme:** |  |
| **Telephone:**  **Landline**  **Cell** |  |
| **E-mail address:** |  |
| **Number of learners applying for:** |  |
| **Total amount applying for:** |  |

Kindly provide information as indicated in the “Provide information column” and, where applicable, tick Yes/No.

|  |  |
| --- | --- |
| **ELIGIBILITY CRITERIA** | **Provide Information** |
| 1. The applicant must have submitted a Workplace Skills Plan and Annual Training Report (where applicable) by the due date of 30 April 2025 or 30 May 2025 (where extension was granted). | **Levy Number:**  L |
| 2. The employer must be up to date with levy contributions. | Yes / No |

|  |  |
| --- | --- |
| 3. Application forms **must** indicate the start and end dates of the programmes. These funding windows are **only** for programmes starting from1 April 2026 and no later than 28 February 2027 | Start Date:  End Date: |
| 4. I declare that all BANKSETA requirements below will be met and that evidence be submitted at the time of claiming the first tranche payment  4.1 The Internship programmes will align with the skills identified by the BANKSETA Sector Skills Plan  4.2 Only training providers that are accredited for the programme applied for, whose accreditation is current and valid at the time of submitting evidence and for the duration of the programme. (**If applicable**) | Yes / No  Yes / No |
| 5. I declare my understanding that *allocation* of funding is done based on the above agreement by the applicant, but that payment will be made subject to the correct supporting documents that meet the requirements for each funding window. | Yes / No |

**Authorisation Form**

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

I declare that I will comply with the requirements of BANKSETA for all reporting required for the project and supporting documentation that may be required.

I further declare that:

* This application has been prepared by the Employer Representative.
* 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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