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

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

**CATEGORY: WORKERS ENROLLED IN LEARNERSHIP PROGRAMMES**

All applications must be submitted on the BANKSETA Management Information System - [SIMS](https://sims.bankseta.org.za/)

This form must be duly signed and uploaded on [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) to BANKSETA 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 their levy contributions | Yes / No |

|  |  |
| --- | --- |
| 3. Application forms **must** indicate the start and end dates of the programmes.  This funding window is **only** for programmes starting from 1 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 will be submitted at the time of claiming the first tranche payment  4.1. Only current, DHET registered Learnerships will be funded  4.2 All programmes will align to the skills identified by the BANKSETA Sector Skills Plan  4.3 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 learnership will be used  4.4 Learners who have already completed a qualification or part of a qualification linked to another learnership previously funded will not qualify for learnership funding. Rather the additional training must be applied for as a skills programme | 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 correct supporting documents that meets the requirements for each funding window. | Yes / No |

Authorisation Form

I, ..................................................................as 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 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 duly authorised 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

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