



**inseta**

**INSURANCE SECTOR EDUCATION  
AND TRAINING AUTHORITY**

Working together for a skilled tomorrow

## BURSARY FUND APPLICATION FORM

**For Official INSETA Use Only**

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Bursary Fund Approval Number

For Official use:

Received on:

ETQA approval of provider scope:

Approved on:

## **INSETA Procedure for Bursary Fund Application**

### **Application submissions**

- \* Note that individual Bursary Fund Application Forms must be submitted in respect of every Programme to be funded.
- \* Bursary Funds will be disbursed at the discretion of INSETA.
- \* Bursary Fund Applications must be submitted to INSETA before commencement of the programme to be funded.

### **Additional Requirements**

Applications for Bursary Fund will in addition be subject to the following:

- \* The availability of INSETA Bursary funds;
- \* Racial profile of the learners applied for must satisfy the 3<sup>rd</sup> NSDS Principle as follows, Black (85%), Women (54%), Disability (4);
- \* Where the Employer is a skills levy payer with INSETA; levy payments must be up to date;
- \* Where the Employer is not a levy payer, written proof from SARS or from the company's accountant, on the accountant's letterhead, of exemption to pay levies, must be submitted to INSETA;
- \* The programme for which Bursary Funding is applied must be in line with the skills priorities identified in the current INSETA Sector Skills Plan;
- \* Applicants must comply with the requirements of the current INSETA Bursary Funding Policy available on the INSETA Website: [www.inseta.org.za](http://www.inseta.org.za).
- \* All applications must be submitted electronically to [bursary@inseta.org.za](mailto:bursary@inseta.org.za)

### **Communication of decisions**

Decisions in respect of Bursary funding applications will be communicated in writing by INSETA to the applicant prior to commencement of training together with the reference number.

**Please ensure that this Bursary Grant Application form is completed in full to avoid delays.**

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## INSETA Bursary Fund Application

### Section 1

#### 1. Employer Details

1.1 Legal name of Employer:

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1.2 Which Sub-Sectors of the Insurance Sector does the Employer represent:  
(Please tick one)

Sub-Sector	SIC Code	√
Unit Trusts	SIC 81901	
Risk Management	SIC 81902	
Insurance and Pension Funding, except compulsory social security	SIC 82110	
Life Insurance	SIC 82100	
Pension Funding	SIC 82120	
Healthcare Benefits Administration	SIC 82131	
Short Term Insurance	SIC 82191	
Funeral Insurance	SIC 82192	
Reinsurance	SIC 82193	
Activities auxiliary to Financial Intermediaries	SIC 83000	

1.3 Physical address (Head Office):

Province:

Code:

1.4 Postal address – Head Office (if different from 1.3):

Code:

1.5 Is the employer a levy paying member of Inseta?

YES	NO
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1.6 SARS – SDL Number<sup>1</sup>: \_\_\_\_\_

(Should the company be exempt from paying SDL, written proof of exemption from SARS must be provided)

1.7 Company/Close Corporation/Partnership/Sole Trader Registration number:

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1.8 Was the WSP/ATR submission made?

YES	NO
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1.9 Company/business enterprise size: (Please tick one row for Size of Company)

<b>Business Enterprise</b>	<b>Number of Permanently Employed People</b>	<b>√</b>	<b>BEE Yes/No</b>
Small	1 – 49		
Medium	50 – 149		
Large	150 – 999		
Macro	1000 – 1999		
Mega	2000 +		

1.10 In the event of the Bursary Application being approved by INSETA, please note that you will need to provide INSETA with:

- 1.10.1 A Cancelled Cheque or copy of Bank Statement;
- 1.10.2 A letter from your organisation (Applicant), confirming financial stability;
- 1.10.3 Certified copies of the learners' ID books;

<sup>1</sup> SARS Skills Development Levy number as per Skills Development Levies Act.

1.10.4 Exemption letter (Levies) from SARS, where applicable;

**1.11 Employer Representative Contact Details: Person involved in completing the form**

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address:

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**2. Programme details**

2.1 Name of Inseta Approved Programme: \_\_\_\_\_

2.2 Qualification linked to the Programme: \_\_\_\_\_

2.3 Qualification NLRD Registered number (If Applicable): \_\_\_\_\_

2.3 NQF level: \_\_\_\_\_

2.4 Qualification Expiry Date: \_\_\_\_\_

2.4 If the Programme has not been registered by INSETA, which SETA has registered the Programme? \_\_\_\_\_

2.5 Proposed commencement date of Programme: \_\_\_\_\_

2.6 Proposed termination date of Programme: \_\_\_\_\_

2.7 Duration of proposed Programme in months: \_\_\_\_\_

2.8 List the key priorities identified in the Sector Skills Plan (SSP) that this Programme will address:

Please make a tick where it is appropriate.

Name of the programme	Max Bursary value	
Management and Leadership	R20 000,00	
Financial management	R10 000,00	
Legislative compliance	R3000,00	
Customer Relations/Customer care skills	R5000,00	
Marketing Skills	R5000,00	
IT Skills	R5000,00	
SDF and Assessor	R5000,00	
FAIS Programmes	R3000,00	
ABET	R2200,00	

### Section 3: Training Provider Details

3.1 Name of Training Provider:

\_\_\_\_\_

3.2 Accreditation Number: \_\_\_\_\_

3.3 Accrediting SETA: \_\_\_\_\_

3.4 Physical address (Head Office): \_\_\_\_\_

Province: \_\_\_\_\_

3.5 Postal Address – Head Office: \_\_\_\_\_

Province: \_\_\_\_\_

3.6 Name of Training Provider Contact Person (Programme Coordinator): \_\_\_\_\_

Tel. Number (w)	
Mobile number	
Fax number	
E-mail address	

3.7 Does the provider have scope to deliver the qualification?

YES	NO
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3.8 Does the provider have suitably qualified facilitators to deliver the programme?

YES	NO
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3.9 Do they have registered Assessors and Moderators

YES	NO
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3.10 Do the Assessors and Moderators have the scope to assess and moderate the qualification in question?

YES	NO
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**Section 5: Declaration of Employer**

- \* It is an offence in terms of the Skills Development Act of 1998 to provide false or misleading information in this Application.
- \* Your application will be rejected should false or misleading information be found.
- \* INSETA reserves the right to verify the documented responses.

I/We declare that the information provided is correct and according to my/our knowledge, the signatories have the authority to bind the company accordingly. Furthermore I/we have satisfied myself/ourselves to the extent, nature and regulations governing the proposed Bursary Programme from reading the INSETA Bursary Funding Policy.

Should the Learner terminate the programme, the Applicant must submit a Termination report to the INSETA, signed by the Learner and the Programme Coordinator.

<b>Name of Representative of Employer</b> (Please print) (Who has the authority to bind the Company)
<b>Signature of Representative of Employer</b>
<b>Date</b>
<b>Witness Name</b> (Please print)
<b>Witness signature</b>
<b>Date</b>
<b>Official Company Stamp</b>