

**inseta**INSURANCE SECTOR EDUCATION  
AND TRAINING AUTHORITY

Working together for a skilled tomorrow

# EXPRESSION OF INTEREST REPLY FORM FOR YOUTH FOR UNEMPLOYED YOUTH 20/21:

www.inseta.org.za

<b>Name of Employer/ Company:</b>			<b>SDL No:</b>		
<b>CONTACT DETAILS:</b>					
<b>Full Name &amp; Designation</b>					
<b>Programme Coordinator</b>	Name:				
	Contact Number		<b>Email address</b>		
	Designation:				
<b>Official authorized representative who will sign the funding contract</b>	Name:				
	Contact Number		<b>Email address</b>		
	Designation:				
<b>BURSARIES (University, UoTs &amp; TVET Colleges):</b>					
<b>Qualification Type</b>	<b>NQF Level</b>	<b>Institution</b>	<b>Number of Learners</b>	<b>Total Cost per Learner</b>	
1. B Com or B Admin (Insurance, Risk, Finance, Investments, Economics)					
2. Financial Planning (Loss Adjustor)					
3. Marketing					
4. Information Technology					
5. Data Science/ Data Analyst					
6. Law Degrees which have either Financial Planning; Insurance; or Pension Fund Specializations.					
7. B Com or B Admin (Insurance, Risk, Finance, Investments, Economics)					
8. Post-Graduates studies related to above selection.					

**NB:** For more information or queries in this regard may be emailed to [bursariesforyouth@inseta.org.za](mailto:bursariesforyouth@inseta.org.za) or contact **Ms. Zibuyile Nkabinde** on 011 381 8900/8935

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 \_\_\_\_\_ **Full Names**), in my **capacity as** \_\_\_\_\_  
\_\_\_\_\_ declare that the information provided is correct and according to my knowledge, I have authority to bind the University accordingly. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed Programme from the INSETA Discretionary Grant Policy and related Guidelines.

**Authorized Signatory Full Name(s):** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_