



inseta

INSURANCE SECTOR EDUCATION
AND TRAINING AUTHORITY

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

Name of Employer/ Company:		SDL No:		
CONTACT DETAILS:				
Full Name & Designation				
Programme Coordinator	Name:			
	Contact Number	Email address		
	Designation:			
Official authorized representative who will sign the funding contract	Name:			
	Contact Number	Email address		
	Designation:			
BURSARIES (University, UoTs & TVET Colleges):				
Qualification Type	NQF Level	Institution	Number of Learners	Total Cost per Learner
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 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: _____