**NO-FEES WILL BE REQUESTED FROM YOU THROUGHOUT THE APPLICATION PROCESS**

**THE BANKSETA WELCOMES APPLICATIONS FROM PERSONS WITH DISABILITIES **

**(Applicants must be able to attend formal ACADEMIC training and will be responsible for their own transportation to and from the training venues)**

# Closing Date: 31 October 2023

PLEASE SELECT THE CENTRE **CLOSEST TO WHERE YOU LIVE**

THIS CENTRE WILL BE USED TO DETERMINE YOUR INTERVIEW CENTRE AND YOUR PLACEMENT

**NO TRANSFERS WILL BE ALLOWED THEREAFTER. NB – PLEASE SELECT ONLY ONE!**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GAUTENG  WESTERN CAPE |  |  |  | CAPE TOWN  EASTERN CAPE |  |  | FREE STATE |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**PERSONAL INFORMATION AS PER IDENTITY DOCUMENT**

Home Language

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title (Mr, Mrs, Ms) |  | | RSA Identity number | | | | | | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Initials |  | | Maiden name (if married) | | | | | | |  | | | | | | | | | | | | | | |
| Surname (as per ID) |  | | | | | | Known as | | |  | | | | | | | | | | | | | | |
| First names in full (as per ID) |  | | | | | | | | | | | | | | | | | | | | | | | |
| Race |  | | | | Gender | | | | | |  | | Male | | | |  | | Female | | | | | |
| Date of birth | **D** | **D** | **M** | **M** | **Y** | **Y** | | **Y** | **Y** | | Age on 1 February 2024 | | | | | | | | | | |  | | |
| Do you have a permanent disability? | Yes |  | No |  | If Yes, specify disability and attach certificate: | | | | | | | |  | | | | | | | | | | | |
| PTA |  | | | | | | | | | | | | | | | | | | | | | | | |

**PLEASE PROVIDE VALID CONTACT DETAILS TO AVOID BEING DISQUALIFIED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Complex number and name |  | | | | | | | | | | | | | | | | | | | | | |
| Street number and name |  | | | | | | | | | | | | | | | | | | | | | |
| Residential Suburb |  | | | | | | | | | | City/Town |  | | | | | | | | | | |
| Name of municipality |  | | | | | | | | | | Province |  | | | | | | | | | | |
| Mobile number |  |  |  |  |  |  |  |  |  |  | Home number | |  |  |  |  |  |  |  |  |  |  |
| Email address |  | | | | | | | | | | | | | | | | | | | | | |
| WhatsApp number |  | | | | | | | | | | | | | | | | | | | | | |
| Name of Parent/Guardian |  | | | | | | | | | | Contact number | |  |  |  |  |  |  |  |  |  |  |
| Name of person staying with you |  | | | | | | | | | | Contact number | |  |  |  |  |  |  |  |  |  |  |

**EDUCATIONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| **TERTIARY EDUCATION DETAILS** | | |
| **NAME OF INSTITUTION** | **QUALIFICATION NAME** | **MAJOR** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **SECONDARY EDUCATION DETAILS** | | |
| **MATRIC/STD. 10/GR. 12 SUBJECTS** | **HG / SG** | **%**  **OR**  **LEVEL** |
| ENGLISH |  |  |
| MATHEMATICS |  |  |
| MATHS LITERACY |  |  |
| ACCOUNTING |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR GRADUATED** |  |  |  |  |
| **CAMPUS NAME** |  | | | |
| **PROVINCE** |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YEAR MATRICULATED** |  |  |  |  |
| **SCHOOL NAME** |  | | | |
| **PROVINCE** |  | | | |

*.*

**EMPLOYMENT HISTORY**

|  |
| --- |
| Full Time; Part Time; Temporary; Voluntary; Learnerships; Business Owner, etc. |
|  |
|  |
|  |

**WHAT IS YOUR LEVEL OF COMPUTER LITERACY?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Beginner |  | Intermediate |  | Advanced |
| **WHERE DID YOU HEAR ABOUT THE LEARNERSHIP?** | | | | |
| Newspaper/Advertisements |  | School/University | z | Family/Friend |
|  |  |  |  |  |
| Someone in the Banking sector |  | Community Centre |  | Other, specify |
|  |  |  |  |  |
| Social Media |  | Radio Station |  |  |

***Please Note:***

*If you have* ***NOT*** *been contacted for an interview by the* ***31ST January 2024****, you should assume that your application was* ***NOT*** *successful*

|  |  |
| --- | --- |
| **I DECLARE THE FOLLOWING** | **TICK**  **(****)** |
| I am currently unemployed |  |
| I am a South African Citizen with full Citizenship |  |
| I am under the age of 35 years as at 01 February 2024 |  |
| I have **COMPLETED AND GRADUATED** for a three (3) year tertiary qualification by October 2023 |  |
| I am **NOT** currently registered as a student (part or full-time) at a tertiary institution |  |
| I do **NOT** have a criminal record or pending criminal record |  |
| I have a clear credit record |  |
| I do **NOT** know of any reason that will prevent me from attending all the required training sessions |  |
| I do **NOT** know of any reason that will influence my attendance at work, including work on a Saturday |  |
| I will be able to complete the Learnership successfully in the period specified (starting from 01 February 2024 to 31 January 2025) |  |
| I have **NOT** participated in a previous Learnership |  |

|  |  |
| --- | --- |
| **RULES FOR APPLICATION** | **TICK**  **(****)** |
| 1. Application forms that are incomplete will be disqualified |  |
| 2. Invalid or incorrect contact details automatically disqualify the applicant |  |
| 3. Copies of the following documents **MUST** be **CERTIFIED** and included in this application to prevent  disqualification: |  |
| * Identity Document |  |
| * Matric Certificate |  |
| * Tertiary Qualification Certificate |  |
| * Statement of Results (stamped by relevant tertiary institution) |  |
| * Medical certificate (in the case of a person with a disability) |  |
| 4. Do **NOT** send original documents, attach certified copies |  |
| 5. Applicants involved in other studies or planning to study from February 2024 to January 2025 will **NOT** be considered |  |
| 6. Applicants **MUST** be unemployed and under the age of 35 years as at 1 February 2024 |  |
| 7. Applicants **MUST NOT** have any pending employment offers |  |
| 8. Successful applicants **MUST** be available to commence learnership on 1 January 2025 |  |
| 9. Successful applicants will be placed near to the address provided on this application form. **NO T RANSFERS** |  |
| 10. Applicants **MUST** be South African Citizens with a valid SA Identity book/card |  |

## TO AVOID DUPLICATIONS, PLEASE APPLY ONLY ONCE!

**I declare that,**

* I have not participated in any previous learnership, including the BANKSETA Letsema or Kuyasa Learnership
* I understand and accept the rules of this application
* the information supplied in this application is true and correct
* I understand that any false information will automatically disqualify me from being part of the Kuyasa Learnership

# and confirm that I have not already completed the Certificate in Business Analysis NQF 6

## I hereby consent to,

* the processing of my personal information by Lulaway Holdings for the purpose of my application for employment
* authorise Lulaway Holdings to obtain a credit/criminal check when requested as an inherent job requirement by BANKSETA as part of the placement process in a potential position of trust or handling cash

## I hereby understand,

* that the purpose of such credit/criminal check is for Lulaway Holdings and BANKSETA to assess my application for employment and to protect Lulaway Holdings and the client’s legitimate interests in relation to criminal offences which have been or can reasonably be expected to be committed against them or persons in their service
* and accept that the work I perform in a client’s office to which I am assigned, and the information gained are strictly confidential and will be treated as such by me during the learnership and at all times thereafter
* that the names and biographical details of employees, who are dismissed for dishonesty related misconduct committed at a bank, will be recorded on REDS, a central database of the Banking Council of South Africa. This database may be accessed by other banks who participate in the database and could potentially affect my application for successful placement

Name and Surname :

Signature : Date :



|  |  |  |  |
| --- | --- | --- | --- |
| **All application forms must be E-mailed or returned to BANKSETA:** | | | |
| **Area** | **Physical Address** | **Tel. Number** | **Email address** |
| **Pretoria** | **349 Witch-hazel Avenue , Centurion** | 011 805 9661 | [kuyasa2023@Bankseta.org.za](mailto:kuyasa2023@Bankseta.org.za) |

**www.bankseta.org.za**