



DEVELOPMENT BANK OF SOUTHERN AFRICA

VULINDLELA ACADEMY

APPLICATION FORM FOR REGISTRATION

For Office Use by DBSA Vulindlela Officials

Learner Registration Number									
Application Form	Fully Completed: <i>Declaration and Authorisation signed by the Delegate and Employer Representative</i>			Yes					
				No					
Supporting Documents	Identity Document: <i>Original Certified Copy submitted</i>			Yes					
				No					
	Academic Qualification: <i>Original Certified Copy submitted</i>			Yes					
				No					
DBSA VA Training Coordinator Name									
Application for Registration		<i>Recommended</i>				<i>Not Recommended</i>			
Comments									
Signature				Date					
DBSA VA Programme Manager Name									
Application for Registration		<i>Approved</i>				<i>Not Approved</i>			
Comments									
Signature				Date					

INSTRUCTIONS TO LEARNERS

A. APPLICATION FORM GUIDELINES

The Application Form for registration is divided into four sections and it is in best interest of the Applicant to **complete all the sections of the forms**. An incomplete Application Form will be rejected and **no correspondence** will be entered into with the Applicant who makes such submission. The sections of the Application Form are as follows:

1. Organisational Details

The applicant is required to provide the details of the employer if employed and this information will enable the DBSA Vulindlela Academy to liaise with the employer whenever it is deemed necessary. It is important to provide correct and up-to-date contact details of your employer and the name of its Authorized Representative.

2 Learner Personal Details

In compliance with the directives of the Skills Development Act 97 of 1998 and the Employment Equity Act 55 of 1998 this section over and above other things requires the applicant to provide information pertaining to their Race, Gender and Disability. Furthermore, this section requires the applicant to provide their highest academic qualification which will assist the DBSA Vulindlela to make an admission decision to the programme the applicant has applied for.

3. Programme Details

In this section the applicant is expected to provide programme details they are applying for particularly the type of intervention which could either be "Training" or "Capacity Building". The former is unit standard based and/ or credit bearing programme, which is offered either as full (approximately one year) or short programme (Approximately three to five days). The latter is a non-unit standard based or non-credit bearing programme, which can only be offered as short programme.

In complete the title of the qualification, please refer hereunder to the DBSA Vulindlela Academy Qualifications Table. Please visit www.saqa.org.za and use the SAQA Qualification Identity number given in the left column of the table hereunder to get the details of the Unit Standards that make each of the qualifications. This information will help you to provide the NQF Level and Credit information for the Short Programme of the Training Intervention under section 3 of the Application Form.

DBSA VULINDLELA ACADEMY OFFRED SOUTH AFRICAN QUALIFICATIONS AUTHORITY QUALIFICATIONS			
SAQA ID #	Title of Qualification	NQF Level	Credit
50205	National Certificate: Municipal Integrated Development Planning	5	160
36436	National Certificate: Local Economic Development	4	163
36438	National Certificate: Local Economic Development	5	142
36437	National Certificate: Local Economic Development	6	144
50372	Further Education and Training Certificate: Municipal Finance Management & Administration	4	157
49554	National Diploma: Public Finance Management & Administration	5	260
48965	National Certificate: Municipal Financial Management	6	166
60529	National Certificate: Municipal Governance	5	140

Table 1 DBSA VA: SAQA Qualifications accredited to deliver

4. Declaration

This application form for registration requires the Applicant and Authorized Representative of the Employer, where applicable, to make a declaration of commitment to the programme if the applicant is accepted. Any application submitted without the signed declaration will be rejected.

B. APPLICATION FORM SUBMISSION

A complete and signed Application Form must be returned to the DBSA Vulindlela Academy by post for the attention of **The Programme Manager; Reference Application For Registration** to the following address: **The Manager: DBSA Vulindlela Academy; Development Bank of Southern Africa; P. O. Box 1234; Halfway House; Midrand; 1685; South Africa.**

The Application Form must be accompanied by the following compulsory evidence:

1. Certified original copy of the Identify Document/ or Passport; and

2. Certified original copy of the highest Academic Qualification or Statement of Results

NB: An incomplete Application Form or Application Form, which is not accompanied by the certified original copies as specified in 1 and 2 above, will be rejected and no correspondence will be entered into with the concerned Applicant.

APPLICATION FORM

1. ORGANISATIONAL DETAILS

Please complete the application form by providing details where required to do so and mark with **X** where appropriate. Please use **CAPITAL LETTERS** when you complete this form

Name of Province									
Type of Employer	National Department		Provincial Department		Municipality		Municipality Owned Entity		
	Public Entity		NGO/ Trust		Private Entity		Other		
Name of Employer (If not Municipality)									
Municipality	Name of Metro								
	Name of District Municipality								
	Name of Local Municipality								
Name of Employer Representative									
Physical Address									
		Code							
Postal Address									
		Code							
Work Telephone Number	Code		Number						
Work Fax Number	Code		Number						
Cellphone Number	Code		Number						
E-mail Address									

2. LEARNER'S PERSONAL DETAILS

Please complete the Application Form by providing the required information and mark with **X** where appropriate. Please use **CAPITAL LETTERS** when you complete this Application Form. Please make sure that you provide your name(s) and Identity/ passport numbers as it/ they appear(s) on your Identity Document/ Passport.

Prof		Dr.		Mr.		Mrs.		Ms.		Other				
Surname														
Full Name(s)														
Gender	Female		Male		Disability			Yes		No				
Race	Black			Coloured			Indian			White				
ID Number														
Passport Number														
Employment Status	Employed				Intern/ Learnership				Unemployed					
Job Title														
Highest Qualification	Post Grad	Degree	B.	Diploma	Higher	Grade 12	Grade 09	Other						
	Degree		Tech		Certificate	Certificate	Certificate							
Qualification Name														
Postal Address														
								Code						
Work Telephone Number			Code					Number						
Work Fax Number			Code					Number						
Cellphone Number			Code					Number						
E-mail Address														

3. TRAINING PROGRAMME DETAILS

Please provide information about the programme you are interested in and clearly provide the details about the type of intervention you want to be registered for. **Please refer to 2-3 of the “Instructions to Learners” for more details on how to complete this section.**

Type of Intervention and Mode of Delivery	Training <i>(Unit standards based and/or credit bearing programmes. Please state if you intend to participate in a full or short programme)</i>				Capacity Building <i>(Non unit standards based and/or credit/ non credit bearing programmes)</i>	
	Full Programme		Short Programme		Short Course	
Programme Name						
Full Programme (Training intervention only)						
Title of Qualification						
NQF Level			Credit			
Short Programme Training Intervention						
Title of Qualification						
1	Unit Standard Title					
	NQF Level (For Unit Standard)			Credit (For Unit Standard)		
2	Unit Standard Title					
	NQF Level (For Unit Standard)			Credit (For Unit Standard)		
3	Unit Standard Title					
	NQF Level (For Unit Standard)			Credit (For Unit Standard)		
4	Unit Standard Title					
5	NQF Level (For Unit Standard)			Credit (For Unit Standard)		
	Unit Standard Title					
	NQF Level (For Unit Standard)			Credit (For Unit Standard)		
	Is the Programme Relevant to the job and/or future career expectations?	Yes		No		Not Applicable
	Is the Programme identified in your PDP or Career Plan?	Yes		No		Not Applicable

4. DECLARATION

I _____

(Full Names and Surname of the Learner)

ID Number _____ state that I have read, understand and accept that admission into the DBSA Vulindlela Academy Programme is subject to the following terms and conditions:

1. The Programme is facilitated by the DBSA Vulindlela Academy in collaboration with its preferred Professional Service Providers to fulfill its legislative mandate as an accredited Education Training and Development Provider.
2. Participation in DBSA Vulindlela Academy Programme is subject to accepting and committing to the following terms
 - 2.1 I will give full attendance and commitment to completing the Programme for which I am enrolled in.
 - 4.2 I will ensure successful completion of all assessment activities and tasks, including the PoE where required, and within the specified time frames.
 - 4.3 I will liaise, in writing, with DBSA Vulindlela Academy with respect to extension of submission dates of assessment activities.
 - 4.4 I will inform the DBSA Vulindlela Academy in writing, of any difficulties or situation that prevents me from attending or completing the Programme.
 - 4.5 I further understand that should I not attend the programme on the designated dates, the Department/ Municipality/ Organisation has the contractual obligation to reimburse the DBSA Vulindlela Academy the full training costs and any expenses that may have been incurred, such as courier services, venue, catering, etc., in preparation for training.
 - 4.6 I further understand that should I not cancel attendance or nominate a replacement for the programme as a learner **five** working days prior to the start of the programme, the Department/ Municipality/ Organisation has the contractual obligation to reimburse the DBSA Vulindlela Academy the full training costs and any expenses that may have been incurred, such as courier service, venue, catering, etc., in preparation for training.

- 4.7 I further understand that should I drop out of the Programme, the Department/ Municipality/ Organisation has the contractual obligation to reimburse the DBSA Vulindlela Academy the full costs of training and any expenses that may have been incurred, such as courier service, venue, catering, etc.
- 4.8 If applicable I further commit to submit all evidence requested and required to achieve declaration of competence against the qualification or unit standard(s) aligned to the Programme.

Learner's Signature		Date	
Witness: Name & Surname			
Witness Signature		Date	
APPROVAL: MANAGER/ SUPERVISOR			
Name and Surname			
Signature		Date	
AUTHORISATION: AUTHORISED EMPLOYER REPRESENTATIVE			
Name and Surname			
Designation			
Signature		Date	