



2019 EMPLOYEE BURSARY FORM

- School Based Educators
- School Admin Clerks
- Office Based Educators
- Office Based Administrators

- ANED
- ANWD
- AED
- AWD
- BCM
- CHED
- CHWD
- JGD
- NMBM
- ORTCD
- ORTID
- SBD

Name:

Persal Number:

Name of School / Office:

Position:

Contact Details:

.....



PART A: PERSONAL DETAILS

First Names:

Surname:

District / Town:

Course:

Major/s:

Duration of Course: Year of Completion of Studies

Date of Birth:

Y	Y	M	M	D	D
---	---	---	---	---	---

ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender:

MALE	FEMALE
------	--------

Race:

AFRICAN	COLOURED	INDIAN	WHITE	OTHER
---------	----------	--------	-------	-------

Disability:

YES	NO
-----	----

 If YES, state nature of Disability:

Name of Institution of Studies :

Student Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address

Work (Institution / School / District Office)

Telephone Work: Code

--	--	--

 Number

--	--	--	--	--	--	--	--	--	--

Telephone Home: Code

--	--	--

 Number

--	--	--	--	--	--	--	--	--	--

Cellular Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employment Status:

SCHOOL-BASED EDUCATOR

OFFICE-BASED EDUCATOR

PSA EMPLOYEE

If Other, Please Specify :

Current Position Held :

Current REQV Level :

Have you Obtained a Bursary from the Public Service Before?

YES	NO
-----	----

If YES, Provide Details :

If Any Other Bursary / Bursaries Received, then Indicate the following:

Name of Bursary/Sponsor:

Amount :

Year Granted :

Years Remaining (Including Service Obligation):

If Servicing Bursary Obligation, Indicate Years Owing:



PART B: BURSARY INFORMATION

ONLY AVAILABLE TO OFFICIALS OF THE DEPARTMENT

- **FOR PART-TIME STUDIES AT A TERTIARY INSTITUTION**
- **CLOSING DATE: 02 NOVEMBER 2018**
- The bursary payment will not exceed the maximum amount as per contract and will only be paid for the minimum period specified in the contract.
- Bursary recipients who do not complete the specified course, who do not take up a position that was allocated to them or who do not fulfil the Bursary Obligation, will have to repay with interest, all monies paid on his/her behalf.
- Applicants must ensure that they meet the minimum requirements before applying for the intended bursary.
- Please ensure that all relevant documentation is attached. (refer to enclosed checklist)
- Application to be completed in block letters in applicant's own handwriting.
- Applicants are to complete Parts A, B, C & D.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

Certified ID Copy

Matric Certificate

Proof of acceptance

Give Names and Surnames of two (2) Contactable References (not relatives)

Reference 1: Mr / Mrs.....

Telephone:

Cell:

Reference 2: Mr / Mrs.....

Telephone:

Cell:

PART C: COURSE DETAILS

1. Highest Qualification:.....

2. Major Subjects:.....

3. Phase:

Name of Course Applying for:.....

MODULES / SUBJECTS FOR CURRENT YEAR OF STUDY (attach proof of fees):

NO	MODULES / SUBJECTS	COST
1		
2		
3		
4		
TOTAL AMOUNT TO BE PAID FOR 2019		



State any Tertiary Qualifications Previously Obtained:

- 1.....
- 2.....
- 3.....

Give reasons why you wish to complete this course and explain how you think it will benefit the Department:

.....

.....

.....

ATTACH THE FOLLOWING DOCUMENTATION TO THIS FORM:

PART D: DECLARATION

- I have attached / enclosed all necessary supporting documentation, as requested.
- I shall ensure that any results of examinations still to be written in November / December this year will be submitted to the Department on or before 15 January, of the following year.
- I realise that failure to complete the form and / or withhold information and / or to supply requested documentation and / or results can lead to the disqualification of the applicant.
- I understand that I will be required to sign a bursary contract / agreement if this application is successful.
- I understand that if I do not complete the course I will be required to pay back to the Department all monies paid on my behalf, by the Department, to the institution.

I declare that the above information is true and correct.

Signed (Applicant): Date:

Y	Y	M	M	D	D
---	---	---	---	---	---

PART E: APPROVAL

RECOMMENDED <input style="width: 40px; height: 20px;" type="checkbox"/> NOT RECOMMENDED <input style="width: 40px; height: 20px;" type="checkbox"/>	EDO / SCHOOL PRINCIPAL (SCHOOL-BASED EMPLOYEE) Name: Signature:	DATE:
IF NOT, REASONS:		
RECOMMENDED <input style="width: 40px; height: 20px;" type="checkbox"/> NOT RECOMMENDED <input style="width: 40px; height: 20px;" type="checkbox"/>	SECTION HEAD (OFFICE-BASED EMPLOYEES) Name: Signature:	DATE:
IF NOT, REASONS:		
RECOMMENDED <input style="width: 40px; height: 20px;" type="checkbox"/> NOT RECOMMENDED <input style="width: 40px; height: 20px;" type="checkbox"/>	DISTRICT BURSARY COORDINATOR Name: Signature:	DATE:
IF NOT, REASONS:		
APPROVED <input style="width: 40px; height: 20px;" type="checkbox"/> NOT APPROVED <input style="width: 40px; height: 20px;" type="checkbox"/>	DIRECTOR HRD Name: Signature:	DATE:
IF NOT, REASONS:		