

# **2022 EMPLOYEE BURSARY FORM**

- OFFICE BASED EMPLOYEES
   SCHOOL BASED EMPLOYEES
   PROTECTED TEMPORALY EDUCATORS
- ANED
   ANWD
   AED
   AWD
   BCM
   CHED
   CHWD
   JGD
   NMBM
   ORTCD
   ORTID
   SBD

NAME: \_\_\_\_\_
PERSAL NUMBER: \_\_\_\_\_
NAME OF SCHOOL/OFFICE: \_\_\_\_\_
POSITION: \_\_\_\_\_
CONTACT DETAILS: \_\_\_\_\_



**HUMAN RESOURCE DEVELOPMENT** 

SKILLS DEVELOPMENT

Steve Vukile Tshwete Complex, Zone 6, Zwelitsha, 5608 Private Bag X0032, Bisho, 5605, REPUBLIC OF SOUTH AFRICA Enquiries; Mr M. Ncapayi / Mrs N. Mkosi Tel: +27 (0)40 608 4552 / 4340 Fax; 040 608 4690 Website: www.ecdoe.gov.za

#### **PART A: PERSONAL DETAILS**

First Names:
Surname:
District / Town:
Course:
Major/s:
Ouration of Course:
Date of Birth: ID Number:
Gender:
Race:
Disability: If YES, state nature of Disability:
lame of Institution of Studies
tudent Number:
ddress /ork (Institution / School / District Office)
elephone Work: Code Number Number
ellular Number:
mployment Status:
Other. Please Specify :
urrent Position Held :
urrent REQV Level :
ave you Obtained a Bursary from the Public Service Before?
YES, Provide Details :
Any Other Bursary / Bursaries Received, then indicate the following:
ame of Bursary/Sponsor:
mount :
ear Granted :
ear Remaining (Including Service Obligation)
Servicing Bursary Obligation, Indicate Years Owing:



#### PART B: BURSARY INFORMATION

### ONLY AVAILABLE TO OFFICIALS OF THE DEPARTMENT

- FOR PART-TIME STUDENTS AT TERTIARY INSTITUTION
- CLOSING DATE: 09 DECEMBER 2020
- 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 he/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	S TO BE SUBMIT	TED WITH AP	PLICATIO	N FOR	M			
Certified ID Copy	Matric Certificate	Proof of Residence			Most recent Academic			
Give Names and Surnames of two (2) Contactable References (not relatives)								
Reference 1: Mr/Mrs								
Telephone:		Cell:			T			
Reference 2: Mr/Mrs			• • • • • • • • • • • • • • • • • • • •					
Telephone:		Cell:						
PART C: COURSE DETA	ILS							
1. Highest Qualification:								
2. Major Subjects:			• • • • • • • • • • • • • • • • • • • •					
3. Phase:								
Name of Course Applying for:								
State any Tertiary Qualifications Previously Obtained:								
1								
2								
3								
Give reasons why you want to con	nplete this course and	explain how you	think it will be	enefit the	e Dep	artment	t:	



# ATTACHED THE FOLLOWING DOCUMENTATION TO THIS FORM:

## PART D: DECLARATION

I declare that the above information is true and correct.

- 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 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 withold 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.

Signed (Applicant):.... Date: PART E: APPROVAL EDO / SCHOOL PRINCIPAL (SCHOOL-BASED EMPLOYEE) RECOMMEND DATE: Name:.... NOT RECOMMENDED Signature:.... IF NOT, REASONS: SECTION HEAD (OFFICE-BASED EMPLOYEE) RECOMMEND DATE: Name:.... NOT RECOMMENDED Signature:.... IF NOT, REASONS: DISTRICT BURSARY COORDINATOR RECOMMEND DATE: Name:.... NOT RECOMMENDED Signature:.... IF NOT, REASONS: DIRECTOR HRD RECOMMEND DATE: Name: NOT RECOMMENDED Signature:.... IF NOT, REASONS: