



INTERNAL BURSARY APPLICATION FORM

2016 ACADEMIC YEAR

DEPARTMENT OF COOPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS (This form is for serving employees only)

Did you:

- Adhere to the closing date for bursary applications
- Give concise answers and where applicable, mark with X
- Attach quotation, recent certified copies of ID, qualifications, salary advice, admission letter, that are not more than 3 months old

- **Please note:** Incomplete or late applications will not be considered under any circumstance
- **Forward application to:**
- The Manager: HRD
Department of Cooperative Governance
And Traditional Affairs
Private Bag X0035
Bhisho
5605

This form is subject to approval and the signing of a Bursary Agreement

A. PERSONAL DATA

Title:

Surname:

First Names:

Female

Male

Identity number

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Black Coloured Indian White Asian

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Disability: Y/N (nature)

Contact numbers:

Home

Cell

Email Address

Fax number

Marital Status

Permanent Postal Address.....

.....

..... (Code)

Residential Address

.....

..... (Code)

B. EMPLOYMENT DETAIL S

Directorate / Division / Section / Unit

District / Region

Name of Manager / Supervisor

Work Telephone number

Persal number

Rank / position

Occupation

Salary level

Date of appointment

Number of years in the Public Service.....

Number of years in the Department

Did you apply for study leave? (If full-time) Please circle: Yes / No

Have you ever been awarded a bursary by the Department before? Yes / No,
If yes, clearly indicate field of study and the year awarded

C. DID YOU APPLY FOR ANOTHER BURSARY / LOAN?

If yes, please complete the following:

Name of sponsor

Address

..... (Code)

Contact number

Nature of obligations

Amount (Loan)

If so, give particulars (Loan)

.....
.....

D. EDUCATIONAL QUALIFICATION

This information required must be furnished by all applicants.

Schooling

Name of School

Highest standard passed

Year obtained

(Attach certified copy of matric results)

Tertiary Education

Name of University / Institution

Field of Study

Degree / Diploma, etc. Obtained or enrolled

If still studying which academic year of study at present/

When did you commence tertiary studies?

Have you failed in any year of study? If so, which year of study and when?

Year(s) already passed: Please circle: 1st / 2nd / 3rd / 4th / 5th / 6th

(Attach certified copy of progress report and / or certified copy of qualification)

Other training

Name of Institution

Course

Year(s) already passed. Please circle: 1st / 2nd / 3rd / 4th

(Attach certified copy of progress report and / or certified copy of qualification)

Did you attend any in-service training / short courses / Learning Programme?

List:

.....

.....

.....

(Attach certified copies of all Certificates / Diplomas for in-service training, learning programme and or short courses)

E. FIELD OF STUDY YOU APPLYING FOR:

Name of institution

Field of study

Name of Degree / Diploma etc.

Please circle,
For which year do you intend to register: 1st / 2nd / 3rd / 4th / 5th / 6th

Duration of qualification:

Fees: Attach quotation which indicates subjects / Courses: R.....

Indicate province / city / town / country

(Attach admission letter)

Relevance of the course to your work environment

.....
.....
.....
.....

Please circle: Part - time / Full – time

F. DECLARATION

I certify that the information supplied in this application form is correct, all documents are attached as requested and if I am awarded a bursary, I will abide by the regulations applicable as stated per the Bursary Agreement and bursary Policy.

Signature of applicant..... Date

Important notice: Submission of the Bursary Application Form does not mean that your application has been successful. You will be informed about the outcome in due course.

G. COMMITMENT BY MANAGER / SENIOR MANAGER

I(Name of Manager / Senior Manager)
Commit myself as a Manager / Senior Manager that I will always support the bursary holder Ms / Mr.
.....throughout his / her studies with all the necessary resources that
he / she will need during her / his studies. I am also committing myself to pay all incidental expenses
as stipulated in the Departmental Bursary Policy on Page 10, section 11.

RECOMMENDED / NOT RECOMMENDED

SIGNATURE OF SUPERVISOR

PRINT NAME & SURNAME

DATE : _____

APPROVED / NOT APPROVED

SIGNATURE OF SENIOR MANAGER

PRINT NAME & SURNAME

DATE : _____

H. REMARKS BY SKILLS DEVELOPMENT COMMITTEE

- The intended studies **do / do not** relate to the functions of the Department.
- Remarks (if any)

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THE ABOVE APPLICATION IS **RECOMMENDED / NOT RECOMMENDED**.

CHAIRPERSON : SKILLS DEVELOPMENT COMMITTEE

DATE: