



## 2021 EMPLOYEE BURSARY FORM

- Under-qualified Educator
- Unqualified Educator
- Additional Educator

- 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  
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**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
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ID Number: 

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Gender: 

MALE	FEMALE
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Race: 

AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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Disability: 

YES	NO
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 If YES, state nature of Disability: .....

Name of Institution of Studies .....

Student Number: 

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**Address**

Work (Institution / School / District Office)


Telephone Work: Code 

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 Number 

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Telephone Home: Code 

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 Number 

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Cellular Number: 

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Employment Status: 

SCHOOL BASED EDUCATOR
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OFFICE BASED EDUCATOR
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PSA EMPLOYEE
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If Other. Please Specify : .....

Current Position Held : .....

Current REQV Level : .....

Have you Obtained a Bursary from the Public Service Before? 

YES	NO
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If YES, Provide Details : .....

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

Name of Bursary/Sponsor:.....

Amount : .....

Year Granted : .....

Year 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 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 TO BE SUBMITTED WITH APPLICATION FORM

- 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:

Reference 2: Mr/Mrs .....

Telephone:

Cell:

## PART C: COURSE DETAILS

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 complete this course and explain how you think it will benefit the Department:

.....

.....

.....



**ATTACHED 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 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
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**PART E: APPROVAL**

RECOMMEND <input style="width: 50px; height: 20px;" type="checkbox"/> NOT RECOMMENDED <input style="width: 50px; height: 20px;" type="checkbox"/>	<b>EDO / SCHOOL PRINCIPAL (SCHOOL-BASED EMPLOYEE)</b> Name:..... Signature:.....	<b>DATE:</b>
IF NOT, REASONS:		
RECOMMEND <input style="width: 50px; height: 20px;" type="checkbox"/> NOT RECOMMENDED <input style="width: 50px; height: 20px;" type="checkbox"/>	<b>SECTION HEAD (OFFICE-BASED EMPLOYEE)</b> Name:..... Signature:.....	<b>DATE:</b>
IF NOT, REASONS:		
RECOMMEND <input style="width: 50px; height: 20px;" type="checkbox"/> NOT RECOMMENDED <input style="width: 50px; height: 20px;" type="checkbox"/>	<b>DISTRICT BURSARY COORDINATOR</b> Name:..... Signature:.....	<b>DATE:</b>
IF NOT, REASONS:		
RECOMMEND <input style="width: 50px; height: 20px;" type="checkbox"/> NOT RECOMMENDED <input style="width: 50px; height: 20px;" type="checkbox"/>	<b>DIRECTOR HRD</b> Name:..... Signature:.....	<b>DATE:</b>
IF NOT, REASONS:		