

Certified copies of the following documents should be attached to this application form and sent to the address mentioned below:

- South African Identity Document
- Grade 12 Certificate
- Other Certificates of Tertiary qualifications
- Academic records/transcripts
- Admission Letter
- Research Proposal (for Research studies)

Address: The

The Manager

Human Resource Development

Private Bag X0040

Bhisho 5605

NB. Please submit the application through your area of placement e.g. District or Head Office.

A. PERSONAL PARTICULARS OF APPLICANT

Summaria a			
Surname:			
First Names:			
Gender: Male Female			
Disability (Yes/No):			
Type of Disability:			
ID. Number:			
African Coloured Indian White			
Postal Address Residential Address			
Telephone: (W) (H)			
Fax:			
Cell: E-mail:			
E-mail:			
B. EMPLOYMENT PARTICULARS			
Persal Number:			
Post Title:			
Post Level:			
Branch:			

Sub-Branch/District:

Division:		
Municipality:		
C. EDUCATIONAL QUALIFICATIONS		
Highest Standard passed:		
Name of School:		
Year Passed:		
Subjects and Symbols:		
D. PARTICULARS OF DEGREE/DIPLOMA FOR WHICH YOU WANT TO RECEIVE A BURSARY		
Name of Degree/Diploma/Qualification:		
Ch. Jan L Na		
Student No:		
Level of study you are applying for (e.g. 1 st , 2 nd , Masters, etc):		
Main Subjects/Courses:		
At which institution/university are you or do you intend studying:		
Period of study:		
Short description or title of proposed research project:		

Indicate the impostance of your study to		
Indicate the importance of your study to	the department:	
F OTHER RUBCARTES OF SPONSORS		
E. OTHER BURSARIES OR SPONSORS		
Do you presently study with a bursary or	loan? (Yes/No):	
If yes, name the bursary or loan:		
Annual value of the bursary or loan:		
Indicate the purpose of the bursary or loan:		
Indicate the purpose of the bursary of loa	HI:	
When did you get the bursary or loan:		
F. DECLARATION BY THE APPLICANT		
т	doctors that the information	
Ideclare that the information		
supplied in this application is correct and that, If I am awarded a bursary, I		
will abide by the rules and regulations applicable.		
SIGNATURE OF APPLICANT	DATE	
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F. REMARKS, RECOMMENDATIONS AND APPROVAL

Remarks and recommendations by supervisor:	
SIGNATURE OF SUPERVISOR	DATE
Remarks and recommendations by Senior Manage	r:
SENIOR MANAGER	DATE
Recommended / not recommended	
CHAIRPERSON OF SELECTION COMMITTEE	DATE
CHAIRPERSON OF SELECTION COMMITTEE	DATE
Approved / not approved	
HEAD OF DEPARTMENT	DATE