

**BURSARY APPLICATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE SELECT THE PROVINCE WHERE YOU RESIDE** | | | | | |
| Gauteng |  | North west |  | Limpopo |  |
| western cape |  | Northern cape |  | eastern cape |  |
| kwazulu natal |  | Free state |  | mpumalanga |  |

**Personal Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE (Mr. Mrs. Ms.)** |  | | | | | **INITIALS** | | | |  | | | | **SURNAME** | | | | |  | | | | |
| **FIRST NAMES IN FULL *(as per ID)*** |  | | | | | | | | | | | | | | | | | | | | | | |
| **RSA (Identity Document number)** |  |  |  | |  | |  |  |  | |  |  |  | |  | |  |  | **DATE OF BIRTH (YYYY/MM/DD)** | | |  | |
| **RACE** |   aFRICAN | | |   coloured | | | | | |   Indian | | | | | |   WHITE | | | **GENDER** | | |   FemalE |   Male |
| **DO YOU HAVE A DISABILITY** | **yes** | | | **No** | | | | | | **IF YES SPECIFY DISABILITY AND ATTACH PROOF** | | | | | |  | | | | | | | |
| **POSTAL ADDRESS** |  | | | | | | | | | | | | | | | **PHYSICAL ADDRESS** | | | |  | | | |
|  | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |  | | | |
| **CODE:** | | | | | | | | | | | | | | | **CODE:** | | | |
| **MUNICIPALITY** |  | | | | | | | | | | | | | | | | | | | | | | |
| **HOME TEL. NO.** |  | | | | | | | | | | | | | | | **CELL PHONE NO.** | | | | |  | | |
| **E-MAIL ADDRESS** |  | | | | | | | | | | | | | | | | | | | | | | |
| **ALTERNATIVE CONTACT PERSON** |  | | | | | | | | | | | | | | | **CELL PHONE NO.** | | | | |  | | |
| **E-MAIL ADDRESS** | | | | |  | | |
| **NAME OF EMPLOYER** | | | | | | | | | | | | | | | |  | | | | | | | |
| **NAME OF ENTITY CONTRACTED TO THE CETA** | | | | | | | | | | | | | | | |  | | | | | | | |

**EDUCATIONAL QUALIFICATIONS**

|  |  |
| --- | --- |
| **NAME OF UNIVERSITY/UNIVERSITY OF TECHNOLOGY** |  |
| **FIRST ENROLLMENT DATE AT ABOVE UNIVERSITY** |  |
| **QUALIFICATION ENROLLED FOR** |  |
| **YEAR OF STUDY** |  |

**PROJECT FUNDING DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IS THIS A CETA FUNDED PROJECT?** | | | | | | | **YES** | |  | | | **NO** |  | |
| **IF YES, YEAR OF ALLOCATION** | **2011/12** |  | **2012/13** |  | **2013/14** |  | | **2014/15** | |  | **2015/16** | | |  |

**RULES FOR COMPLETING THE FORM**

* Application forms that are incomplete will be disqualified
* Invalid or incorrect contact details automatically disqualify the applicant
* Applicants must be South African Citizens

|  |  |
| --- | --- |
| The following certified documents **MUST** be attached to this application or the applicant will be disqualified | |
| ID size or passport photo printed on photo paper (to be appended to right hand corner of application form) |  |
| Original certified copy of Green RSA Identity Document |  |
| Original certified proof of registration and copy of statement of results/credits |  |
| Original of certified proof of acceptance by higher education institution |  |
| Original proof of residence or certified copy |  |
| Proof of banking details (Bank statement or stamped letter from the bank only) |  |
| Proof of residential address (original municipal account, bank statement, account statement or original letter from Tribal Authority or Councillor) |  |
| Affidavit in support of proof of address (if address is not in the name of the learner) |  |
| Student with a disability: attach an original medical certificate on a CETA template completed, signed and stamped by a medical practitioner registered with the HPCSA or a certified medical certificate (certification must not be older than 3-months). |  |

**DECLARATION**

|  |
| --- |
| I declare that I am aware of the rules of this application and that I understand them. I declare that the information supplied in this application is true and correct. I understand that any false information will automatically disqualify me from being part of the CETA funded learning programme.    Print name and Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR OFFICE USE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHECKED BY CETA PMU | | | | | | | | | | |
| IS THE FIELD OF STUDY WITHIN THE CETA’S SIC CODES? | | | | | **YES** | |  | | **NO** |  |
| COMMENTS | |  | | | | | | | | |
| NAME |  | | SIGNATURE |  | | DATE | |  | | |