



BURSARY APPLICATION FORM

(The form must be returned to the Training Unit with a certified copy of ID book, highest qualification, fee quotation or t statement of account and proof of registration)

DUE DATE FOR SUBMISSION: 31 MARCH 2020

1. BIOGRAPHICAL DETAILS

TITLE (Mr / Ms / Advocate / Dr / Prof)		
SURNAME		
FIRST NAMES		
IDENTITY NUMBER		
RACE		
GENDER		
POSTAL ADDRESS		
DATE OF APPOINTMENT AT DHET		
NATURE OF EMPLOYMENT AT DHET (Permanent or contract)		
NUMBER OF YEARS IN THE PUBLIC SERVICE		
PERSAL NUMBER		
JOB TITLE		
POST LEVEL		
BRANCH		
DIRECTORATE		
HIGHEST QUALIFICATION	Qualification	
	Institution	
	Year obtained	

2. STUDY ASSISTANCE REQUESTED

NAME OF INSTITUTION WHERE YOU INTEND TO STUDY		
NAME OF THE COURSE OR STUDY PROGRAMME		
YEAR OF REGISTRATION		
DURATION OF THE STUDIES		
TOTAL COST OF THE ENTIRE QUALIFICATION		
MAJOR SUBJECTS	MAJOR SUBJECT	
	SUBJECT CODE	
	MAJOR SUBJECT	
	SUBJECT CODE	
COST PER SUBJECT	NAME OF SUBJECT	
	TUITION FEES	
	COST OF PRESCRIBED BOOKS	
	NAME OF SUBJECT	
	TUITION FEES	
	COST OF PRESCRIBED BOOKS	
	NAME OF SUBJECT	
	TUITION FEES	
	COST OF PRESCRIBED BOOKS	
	NAME OF SUBJECT	
	TUITION FEES	
	COST OF PRESCRIBED BOOKS	
	NAME OF SUBJECT	
	TUITION FEES	
	COST OF PRESCRIBED BOOKS	
	NAME OF SUBJECT	
	TUITION FEES	
	COST OF PRESCRIBED BOOKS	
TOTAL COST		
HOW WOULD THE QUALIFICATION BENEFIT YOU AND THE DEPARTMENT?		

3. PREVIOUS STUDY ASSISTANCE GRANTED

ARE YOU CURRENTLY A RECIPIENT OF A PUBLIC SERVICE BURSARY?		
IF YES, STATE THE NAME OF INSTITUTION		
HAVE YOU PREVIOUSLY RECEIVED A PUBLIC SERVICE BURSARY?		
IF YES, PLEASE INDICATE HERE	Name of Institution	
	Name of Department that granted the Bursary	
HAVE YOU HAD A BURSARY APPLICATION TURNED DOWN?		
IF SO, WHAT WERE THE REASONS		
ARE YOU PREPARED TO CONTRIBUTE PARTIALLY TOWARDS YOUR STUDY FEES IF SUFFICIENT FUNDS ARE NOT AVAILABLE?		

4. DECLARATION BY THE APPLICANT

I declare that the above information and particulars are complete and correct

Name of applicant: _____

Signature: _____

Date: _____

5. RECOMMENDATION BY THE SUPERVISOR OR DELEGATED OFFICIAL

I hereby declare that the proposed studies of the applicant are relevant and appropriate for the Department and the applicant’s career path.

Name of Supervisor: _____

Signature: _____

Date: _____