

DEPARTMENT OF CORRECTIONAL SERVICES EXTERNAL BURSARY APPLICATION FORM

This form will be considered as incomplete and will be eliminated if the following documents are not attached to this application:

- Certified copy of ID
- Certified copy of matric
- Certified copy of highest qualification
- Certified copy of academic record if already enrolled for the qualification
- Course Curriculum / Prospectus
- Course fee outline
- Acceptance letter or proof that the applicant has applied for acceptance at tertiary institution (tuition and accommodation)

| A. | PE: | RSONAL DETAILS: | | | | | | |
|-------------|-----|--|------|-------------------|---|---|----------|--------|
| | 1. | Identity number: | 2. | Date o | f birth: | | | |
| | 3. | Title: | 4. | Gende | r: M | F | | |
| | 5. | Surname | 6. | Race: | Black | White | Coloured | Indian |
| | 7. | Full names: | | | | | ••••• | |
| | 8. | Disabled/Not disabled: If disabled, state the nature of disa | bili | ty | | | ••••• | |
| | 9. | Physical Address: | | | | | | |
| | | | | • • • • • • • • • | • • • • • • • • | • | | |
| Postal Code | | | | | | | | |
| | 10. | Postal Address: | | | | | | |
| | | | | ••••• | ••••• | • | | |
| | | | | Postal (| Code | | | |
| | 11. | Region/(Province): | | | | | | |
| | 12. | Telephone no: | | | | | | |
| | | Cell phone no: : E-mail addr | ess: | | | | | |
| | 13. | Next of kin: | | | | | | |
| | | Name: | | | | . Relati | ion: | |
| | | Contact telephone numbers (H): (Cell) | | | | | | |
| | | Residential Address | | | | | | |
| | 14. | If employed, name and address of employer: | | | | | | |
| | | | | | • | • | | |

| В. | . COURSE DETAILS | | | | | | | |
|----|------------------|--|--|--|--|--|--|--|
| | 1. | Which qualification is this application for? | | | | | | |
| | 2. | At which education institution are you enrolled /going to enroll? | | | | | | |
| | 2.1 | Do you comply with the admission requirements: YES / NO (If full-time studies please attach acceptance letter or proof of application for acceptance for both accommodation and tuition) | | | | | | |
| | 3. | Minimum period (if not commenced with studies yet) /remaining period of studies? | | | | | | |
| | 4. | In which academic year are you now? | | | | | | |
| | 5. | . Type of tuition (Proof from the tertiary institution, confirming that the qualification/course is only offered on a full-time basis, needs to be attached) | | | | | | |
| | | Part-time Full-time | | | | | | |
| | 6. | Which subjects will be your major/s? | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 7. | What is your highest qualification at present? | | | | | | |
| | 8. | Are / were you a recipient of a bursary YES / NO If yes, please complete: | | | | | | |
| | | a) Study field b) Bursary granted by: c) Bursary period: d) Nature of obligations: e) Have you fulfilled the obligations: | | | | | | |
| | 9. | Give your motivation why you want to do this course, what is the direct link of this qualification/course of study to your personal development plan? | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| C. <u>DECLARATION BY APPLICA</u> | <u>NT</u> | | | | | |
|--|--|------------------|--|--|--|--|
| I | ID NO: | | | | | |
| HEREBY DECLARE THAT THE IN CONSCIENCE. | NFORMATION GIVEN BY ME ABOVE IS TRUE A | ND BINDING TO MY | | | | |
| Name in Bold | Signature | Date | | | | |
| D. <u>REFERENCES:</u> | | | | | | |
| Reference 1: | | | | | | |
| Full name: | Id Nr: | | | | | |
| Relationship: | | | | | | |
| Contact Details: | | | | | | |
| Work: | Home: Cell: | | | | | |
| E-mail: | | | | | | |
| Reference 2: | | | | | | |
| Full name: | Id Nr: | | | | | |
| Relationship: | | | | | | |
| Contact Details: | | | | | | |
| Work: | Home: Cell: | | | | | |
| E-mail: | | | | | | |

| RECOMMENDATION:REGIONAL HEAD: HUMAN RESOURCES (Indicate relevance of course and the future need of the qualification) | | | | | | | |
|---|----------------------------|---------------------|------|--|--|--|--|
| Name in bold | Designation | Signature | Date | | | | |
| | N: DIRECTOR POLICY AND EXT | ERNAL TRAINING | | | | | |
| | | | | | | | |
| | | | | | | | |
| Name in bold | Designation | Signature | Date | | | | |
| BURSARY APPROVE | D/ NOT APPROVED: DC: HUMA | N RESOURCE DEVELOPM | IENT | | | | |
| Name in bold | Designation | Signature | Date | | | | |