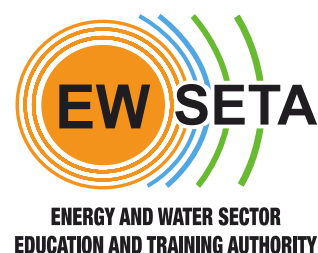




Bursary Application Form

Mhlathuze Water is pleased to offer **20 bursaries** for studies in the water sector. These bursaries are being fully funded by the Energy and Water Sector Education and Training Authority (EWSETA), but Mhlathuze Water will be responsible for all administration associated with the bursary.



APPLICATION FOR A EWSETA-FUNDED BURSARY

INSTRUCTIONS:

1. Read carefully before completing, signing and submitting this form.
2. Ensure that bursary form is completed in full.
3. Complete in block letters.
4. Ensure that the form is duly signed.
5. Application forms with incomplete information will not be considered.
6. Application forms with incorrect information will lead to your application being disqualified.

AN EWSETA-FUNDED BURSARIES COVER THE FOLLOWING (but this will be allocated in the priority of the list below):

- Tuition Fees for Academic Year.
- Accommodation (Institution approved accommodation)
- Books and Stationery (Supported by University/TVET mandatory textbook and stationery list for the academic year.)
- Meals – to be allocated after the first three allocations.

NB: Authentic supporting documents will be required to be submitted to **MHLATHUZE WATER** as these are used as evidence of costs to facilitate payment.

CRITERIA

Applicants need to meet the following criteria in order to be considered for the bursary:

- Must be in possession of matriculation certificate or equivalent (first year university or TVET College students) and previous results/academic records for second- and third-years students.
- Relevant qualification prerequisite for post graduate applicants.
- Preference will be given to South African citizens from previously disadvantaged communities (youth, black, women and people with disabilities).

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION:

1. A certified copy of a valid matriculation certificate or qualification prerequisite for entry (*mandatory to all applicable applicants*).
2. A certified copy of South African identity document (*mandatory for all applicants* and should not be older than 3 months)
3. If currently or continuing students, full academic records must be attached (*mandatory for all relevant applicants*)
4. First time applicants are required to attach copy of proof of application and/or provisional acceptance letter offer from university/TVET College (*The EWSETA notes that these may not be available at time of application, however it will be required as part of the application process*)
5. Any other information and/or documentation requested by EWSETA in support of the application (*this will be communicated and with timelines for submission*)
6. Closing date for all applications is **Friday, 4 March 2022** for application and submitting all outstanding required documentations is due on **Friday, 11 March 2022**

NB: Authentic supporting documents will be required to be submitted to **EWSETA** as these are used to validate applications.



SECTION 1 - LEARNER/PERSONAL INFORMATION ¹			
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other – (Specify):		
First Names:			
Middle Name(s):			
Surname:		Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identity No:		Type of ID:	<input type="checkbox"/> RSA
Nationality:	<input type="checkbox"/> RSA <input type="checkbox"/> Other (Specify): <i>If OTHER, attach certified copies of documents indicating your status e.g. Permanent residence, Study permit, etc.</i>		
Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/> (ccyy/mm/dd) Age: <input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Population Group	<input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other (Specify):		
Do you have a disability ² , as contemplated in the Employment Equity Act 55 of 1998 ² ?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify):		
LEARNER CONTACT DETAILS: (You <u>must</u> provide at least one phone number where you can be reached. Both physical AND postal addresses MUST be completed.)			
Tel No (H):	<input type="text"/>	Tel No (W):	<input type="text"/>
Mobile No:	<input type="text"/>	Fax No:	<input type="text"/>
E-mail:	<input type="text"/>		
Postal Address:	<input type="text"/>		Code: <input type="text"/>
Residential Address:	<input type="text"/>		Code: <input type="text"/>
Rural/Urban Area?	<input type="text"/>		Code: <input type="text"/>
Local/District Municipality:	<input type="text"/>		
Province:	<input type="checkbox"/> Eastern Cape <input type="checkbox"/> Free State <input type="checkbox"/> Gauteng <input type="checkbox"/> KwaZulu-Natal		

¹ Consent and Declaration

DISCLOSURE OF PERSONAL INFORMATION

Information provided will solely be used for the EWSETA reporting purposes and will not be provided to the third party without the prior consent of the beneficiary. The EWSETA commits to handle the beneficiary personal information in accordance with the provisions of the POPI Act.

²The Employment Equity Act, 55 of 1998, defines a *disability* as a long-term or recurring physical or mental impairment, which substantially limits prospects of entry into, or advancement in, employment.



	<input type="checkbox"/> Limpopo <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Northern Cape <input type="checkbox"/> North West <input type="checkbox"/> Western Cape
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LEARNER GENERAL DETAILS:

Highest School Qualification:	
Highest Qualification:	
Home Language:	

SECTION 2 – PROVIDER DETAILS: (MUST be completed)

Name of Learning			
Accreditation Number: <i>(if</i>		Private/Public Provider:	

CONTACT PERSON:

Surname:		Name/s:	
Tel No:		Fax No:	
E-mail:			



SECTION 3 – PROGRAMME DETAILS												
Qualification as per OFO										NQF Level	OFO Code	
Learner Enrolment Date:											(ccyy/mm/dd)	
Programme Start Date:											(ccyy/mm/dd)	

SECTION 4 – EMPLOYER DETAILS											
<i>(This Section MUST be completed for employed learners)</i>											
Name of the Employer:											
Employer SDL Number:	L										
CONTACT PERSON:											
Surname:					Name/s:						
Tel No:					Fax No:						
E-mail:											

SECTION 5 - DECLARATION BY APPLICANT (MUST be completed)
<p>I, _____ (full names), declare, to the best of my knowledge, that all the information provided is</p> <p>Complete and correct. Signed at _____ on this, the ____ day of _____ year _____.</p> <p>_____</p> <p>Applicant Signature</p>