

APPLICATION FOR A BURSARY

INSTRUCTIONS

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

CRITERIA

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

FOR UNDER-GRADUATE APPLICANTS

- Must be in possession of matriculation certificate or equivalent
- Preference will be given to South African citizens from previously disadvantaged communities (youth, black, women and people with disabilities)
- The qualifications applied for must be within Energy and Water related field

THE FOLLOWING DOCUMENTS MUST BE ATTACHED:

1. A certified copy of a valid matriculation certificate or equivalent
2. A certified copy of identity document
3. If currently studying, full academic record must be attached.
4. A copy of proof of registration must be provided by first time university applicants.
5. Any other information and or documentation requested by EWSETA in support of application

Completed forms to be submitted online bursaries@eseta.org.za or registered mail to:

The EWSETA

P.O Box 1273
Houghton
2041

OR

HAND DELIVERED TO:

EWSETA HEAD OFFICE (GAUTENG) 32 PRINCESS OF WALES TERRACE SUNNYSIDE OFFICE PARK MPF HOUSE JOHANNESBURG 2000	EWSETA FREE STATE PROVINCIAL OFFICE MOTHEO TVET CENTRAL OFFICE C/O ST GEORGES AND ALI WAL STREET BLOEMFONTEIN 9300
EWSETA WESTERN CAPE PROVINCIAL OFFICE FALSE BAY TVET COLLEGE WESTLAKE CAMPUS WESTLAKE DRIVE WESTLAKE CAPE TOWN 7945	EWSETA EASTERN CAPE OFFICE PROVINCIAL OFFICE PORT ELIZABETH TVET COLLEGE (RUSSELL CAMPUS) 139 RUSSELL ROAD CENTRAL TOWN PORT ELIZABETH 6200
EWSETA NORTH WEST PROVINCIAL OFFICE ORBIT TVET COLLEGE – BRITS CAMPUS REITZ STREET NORTH BRITS 0250	EWSETA NORTH WEST PROVINCIAL OFFICE TALETSO TVET COLLEGE LEAH MANGOPE HIGH WAY BETWEEN LEHURUTSHE FIRE STATION AND HOSPITAL LERATO 2880



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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:								(ccyy/mm/dd)	Age:	
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):					Tel No (W):					
Mobile No:					Fax No:					
E-mail:										
Postal Address:								Code:		
Residential Address:										
Rural/Urban Area?								Code:		
Local/District Municipality:										
Province:	<input type="checkbox"/> Eastern Cape <input type="checkbox"/> Free State <input type="checkbox"/> Gauteng <input type="checkbox"/> KwaZulu-Natal <input type="checkbox"/> Limpopo <input type="checkbox"/> Mpumalanga <input type="checkbox"/> Northern Cape <input type="checkbox"/> North West <input type="checkbox"/> Western Cape									
LEARNER GENERAL DETAILS:										
Highest School Qualification:										
Highest Qualification:										
Home Language:										
SECTION 2 - TRAINING PROVIDER DETAILS: (MUST be completed)										
Name of Learning Institution:										
Accreditation Number: (if applicable)					Private/Public Provider:					
CONTACT PERSON:										
Surname:				Name/s:						
Tel No:				Fax No:						
E-mail:										

¹ Please note that the information requested above is required for statistical and reporting purposes.

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.



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SECTION 3 - PROGRAMME DETAILS												
Qualification Title										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 Complete and correct. Signed at _____ on this, the ____ day of _____ 20_____.</p> <p>_____</p> <p>Applicant Learner</p>

