

ADDRESS

Work (Institution - School, district Office):	Home:
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TELEPHONE:

Work: Code Number

Home:

Cellular No.:

Employment Status (Tick ✓):

<input type="checkbox"/> SCHOOL-BASED EDUCATOR	<input type="checkbox"/> OFFICE-BASED-EDUCATOR	<input type="checkbox"/> PSA EMPLOYEE
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If other, Specify: _____

Current Position held: _____

Current REQV Level: _____

Have you obtained a bursary from the Public Service before? Yes No

If yes, provide details:

If any other bursary/bursaries received, then indicate the following:

Name of Bursary/Sponsor: _____

Amount: _____

Year granted: _____ **Bursary period:** _____

Years remaining (including service obligation): _____

If servicing bursary obligation, indicate years owing: _____

PART B: BURSARY INFORMATION

Only available for employees in the Province of the Eastern Cape Department of Education

- For part-time or full-time studies at a tertiary institution.
- **CLOSING DATE:** To be submitted at District Offices of the Eastern Cape Department of Education (ECDoE) by the date determined by the Department.
- The bursary payment will not exceed the maximum amount as per contract and will only be paid for the minimum period specified in the contract.
- Bursary recipients who do not complete the specified course, who do not take up a position that was allocated to them or who do not fulfil the Bursary obligation, will have to repay with interest, all monies paid on his/her behalf.
- Applicants must ensure that they meet the minimum requirements before applying for the intended course.
- Please ensure that all relevant documentation are attached (refer to enclosed checklist).
- Application to be completed in block letters in applicant's own handwriting.

- Applicants are to complete Parts A, B, C & D.
- Part E is to be completed by the supervisor or principal of the applicant.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM: Certified copies of:

1. South African ID
2. Matric or equivalent certificate
3. Any other qualification/s relevant to this application
4. Documentary proof of acceptance to the tertiary institution where intended studies is to be undertaken, and Statement of account
5. Any other relevant information that might support your application

Give names & Surnames of two contactable people (not relatives):

Mr/Ms _____ Tel _____ Cell. _____

Mr/Ms _____ Tel _____ Cell. _____

PART C: COURSE DETAIL

Name of course applied for: _____

Bursaries will only be granted to courses that are in line with the job function of the applicant and/or the needs identified by the ECDoE

MODULE/SUBJECT FOR CURRENT YEAR OF STUDY

	MODULES/SUBJECTS	Cost
1		
2		
3		
4		
		TOTAL AMOUNT TO BE PAID FOR 2016

State any Tertiary Qualifications Previously Obtained:

(1) _____

(2) _____

(3) _____

Give reasons why you wish to complete this course and explain how you think it will benefit the Department:

Attach the following documentation to this form:

Motivation by Line Manager/Supervisor stating applicability of course to the Department and recommending the applicant.

Estimated costs per subject for the relevant academic institution, together with the institution's requirements for the combination of subjects to obtain the qualification

Copy of the outcome of the preliminary screening by the academic institution, if required for admission to the course.

PART D: DECLARATION

I have attached/enclosed all necessary supporting documentation, as requested

I shall ensure that any results of examinations still to be written in November/December this year will be submitted to the Department before 15 January, of the year of commencing studies

I realise that failure to complete the form and/or withhold information and/or to supply requested documentation and/or results can lead to the disqualification of the applicant.

I understand that I will be required to sign a bursary contract/agreement if this application is successful

I understand that if I do not complete the course I will be required to pay back to the Department all monies paid on my behalf, by the Department, to the institution.

I declare that the above information is true and correct.

Signed (Applicant): _____

Date:

2	0	1	6
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M	M
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D	D
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PART E: RECOMMENDATION (For Departmental Use only)

RECOMMENDED/NOT RECOMMENDED	EDO (SCHOOL-BASED EDUCATORS) (Name): (Signature:	DATE:
(If not, REASON/S)		
RECOMMENDED/NOT RECOMMENDED	SECTION HEAD (OFFICE- BASED EMPLOYEES) Name: Signature:	DATE:
(If not, REASON/S)		
RECOMMENDED/NOT RECOMMENDED	TRAINING CO-ORDINATOR IN DISTRICT Name: Signature:	DATE:
(If not, REASON/S)		
APPROVED/NOT APPROVED	HEAD OF DEPARTMENT(DISTRICT MANAGER) Name:..... Signature:.....	DATE
(If not, REASON/S)		