

Human Resource Utilisation and Capacity Building

Tyamzashe Building | Civic Square | Bisho | 5605 P/Bag X0035 | Civic Square | Bisho | 5605 Tel: +27 (0)40 609 5627 / 4837 | Fax: +27 (0)40 635 1161

INTERNAL BURSARY CIRCULAR NUMBER 1 OF 2019

TO

: ALL STAFF

FROM

: DIRECTOR: HUMAN RESOURCE UTILISATION AND

CAPACITY BUILDING

This serves to inform all employees that bursary application forms are now available at the Directorate of Human Resource Utilisation and Capacity Building (HRU & CB) at office no. 2114 for those who are studying or planning to study in 2020 academic year. The application form is also available on the Departmental intranet.

This is an opportunity for staff members to further their development through part – time studies in order to improve both their individual and organisational performance.

The bursaries will be granted to serving employees for the duration of their studies. Financial assistance, will be according to the Departmental bursary policy.

Any identified field of study must be aligned and be relevant to the core business of the Department.

The following are the requirements for the application:

- 1. Complete the necessary bursary application form
- 2. Attach a certified copy of your identity document and latest qualifications
- 3. Submit proof of admission / acceptance letter
- 4. Attach a quotation regarding tuition fees for 2020 academic year and
- 5. Submit a duly completed and signed bursary application form on or before the closing date **15 October 2019.**

NB: BURSARY APPLICATION FORMS TO BE SIGNED BY BOTH APPLICANT AND SUPERVISOR OR MANAGER



Employees who would like to do their Grade 12 in 2020, are welcome to submit their applications. Attach proof of application to any FET / TVET College, preferably nearer to the workplace to avoid accommodation and transport costs.

NB:

- Applications received after the closing date will not be accepted.
- Incomplete application forms will not be considered.
- Application forms can be obtained from the following:
 - (1) Human Resource Development Unit, Room 2114, Second Floor, Tyamzashe Building, BHISHO.
 - (2) Intranet and
 - (3) District Offices
- Enquiries should be directed to Ms. Z. Mantambo Tel No. 040 609 5654

Ms. G. GUMBI - MASILELA

HEAD OF DEPARTMENT - DEPARTMENT OF COOPERATIVE GOVERNANCE

AND TRADITIONAL AFFAIRS

DATE: 19



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INTERNAL BURSARY APPLICATION 2020 ACADEMIC YEAR

DEPARTMENT OF COOPERATIVE GOVERNANCE & TRADITIONAL AFFAIRS

(THIS FORM IS FOR SERVING EMPLOYEES ONLY)

Did you:

- Adhere to the closing date for bursary application
- Give concise answers and where applicable, mark with X
- Attach quotation, recent certified copies of ID, qualifications, admission letter.
- Please Note: Incomplete or late applications will not be considered under any circumstances
- > Forward application to:
- The Director: Human Resource Utilisation and Capacity Building

Department of Cooperative Governance & Traditional Affairs

Private Bag X0035

BHISHO

5605

CLOSING DATE: 15 OCTOBER 2019

Important notice: Submission of the Bursary Application Form does not mean that your application has been successful.

Awarding of bursaries by the Department will depend on the availability of the budget. You will be informed about the outcome in due course.

This form is subject to approval and the signing of a Bursary Agreement



	A. PERSONAL DATA						
Title							
Gender							
Surname							
First Nan	nes	.					
Marital S	tat	us					
Identity Number							
Contact Details							
1. (Please Tick) Racial Group Black Coloured Indian White Asian							
(Code 3. Posta Addre	 e) I ss:		···· y ··· ···· y ··· ···· y ···		<u>*</u> .	 •••••••	• 650 686

B. EMPLOYMENT DETAILS:	
1.Directorate / Division / Section /	
Unit	
2. Work Station	
3. Name of Manager / Supervisor	
4. Work Telephone Number	
5. Persal Number	
6. Rank / Position	
7. Salary Level	
8. Occupation	
9. Date of Appointment in the	
Current Position	
10. Number of years in the Public Service	
Service	
11. Number of years in the	
Department	
Have you ever been awarded a bursa	ry by the Department before? Yes /
No.	
If yes, clearly indicate field of study awarded	

If yes, please complete	the following:
Name of sponsor	
Address	II

	(Code)
Contact Number	1
Nature of obligation	·
Amount (Loan)	:
If it is a loan, give parti	culars (Loan)
g	

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D. EDUCATIONAL QUALIFICATION
The information required in this section must be furnished by all applicants.
D.1. SCHOOLING
Name of School :
Highest Standard / Grade Passed
Year Obtained
(Attach certified copy of matric results)
D.2. TERTIARY EDUCATION
Name of Institution
Highest Qualification Obtained
Year Obtained
If still studying, which academic year of study at present?

When did you commence tertiary studies?

OTHER TRAINING(S) ATTENDED:
Name of Institution
Course
Year(s) already passed. Please circle:1st/2nd/3rd/4th/5th /6th
(Attach certified copy of progress report and /or certified copy
Did you attend any in-service training / short courses / Skills or Learning Programme?
List:
(Please attach certified copies of all certificates / Diplomas for inservice training, skills / learning programme and or short courses)
E. FIELD OF STUDY YOU APPLYING FOR:
Name of Institution
Field of study
Name of Degree / Diploma or Certificate
Please circle-
For which year do you intend to register: 1^{st} / 2^{nd} / 3^{rd} / 4^{th} / 5^{th} / 6^{th}
Duration of qualification (number of years):
Fees: Attach quotation which indicates subject / Courses
Indicate Province / City/ Town/ Country
20
(Please attach admission letter)
Relevance of the qualification to your work environment (MOTIVATE)
Please circle: Part - Time / Full Time

F. DECLARATION BY THE APPLICANT

all documents are attached as r	oplied in this application form is correct, requested and if I am awarded a lations applicable as stated per the Policy.
Signature of Applicant:	
Date :	
G. COMMITMENT BY DIRECTO	OR / CHIEF DIRECTOR
I	(Name of Director / Chief
bursary holder all the necessary resources that	Chief Director that I will support the throughout his / her studies with the / she will need during his / her o pay all incidental expenses as Bursary Policy.
WHAT VALUE WILL THE BURSAF MANDATE (SUPERVISOR TO MO	RY ADD TO THE DEPARTMENTAL TIVATE)
SIGNATURE OF SUPERVISOR	(PRINT) NAME & SURNAME
DATE:	

APPROVED / NOT APPROVED				
SIGNATURE OF DIRECTOR /				
CHIEF DIRECTOR	(PRINT) NAME & SURNAME			
DATE:				
H. REMARKS BY EE &SKILLS	DEVELOPMENT COMMITTEE			
H. REMARAS BY EE &SKILLS	DEVELOPMENT COMMITTEE			
 The intended studies do / do r Department. 	not relate to the functions of the			
Remarks (if any)				
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[222 · 1222 · 22 · 122	. 200-2000			
555 - 55	. 25. 252			
	200. 500			
THE ABOVE APPLICATION IS REC	OMMENDED / NOT RECOMMENDED			
CHAIRPERSON: EE & SKILLS DEV				
DATE:				