

Human Resource Utilisation and Capacity Building Tyamzashe Building | Civic Square | Bisho | 5605 P/Bag X0035 | Civic Square | Bisho | 5605 Tel: +27 (0)40 940 7108 / 7429 | Fax: +27 (0)40 635 1161

INTERNAL BURSARY APPLICATION

2025 ACADEMIC YEAR

DEPARTMENT OF COOPERATIVE GOVERNANCE & TRADITIONAL AFFAIRS

(THIS FORM IS FOR SERVING EMPLOYEES ONLY FOR PART TIME STUDIES)

Completed applications must be submitted to the Director: Human Resource Utilisation & Capacity Building, Tyamzashe Building, Civic Square, 2nd floor, Room 2119 or 2020 on or before 13 December 2024.

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Identity No.													Persa	al No.				
Surname			<u> </u>															
Name																		
Race																		
Postal Address														pt of and tate Yes			sary from	·
									lf "Ye	es"	plea	ase f	furnish	particul	ars			
									(a)	Nar	ne c	of Insti	tution, th	ne ye	ear y	ou were	
											awa	arde	d and	the cont	act r	numt	ber.	
Contact Details:									(b)	Nat	ure	of obli	gations				
Cell Phone/Home T	el. N	0.																

Work Contact Details:	(c) Amount (Loan). If it is a loan, give its particulars.

SECTION B: PLACEMENT

Directorate and or District Office:			
Rank and Salary Level:			Date of Appointment:
Appointment Status:	Permanent	On P	robation

SECTION C: POST SCHOOL QUALIFICATIONS

Name of Institution of Higher Learning:	
Field of Study:	
Degree / Diploma Obtained:	
Year Obtained:	
IF CURRENTLY BUSY WITH STUDIES, PLEASE	
DECLARE THE FOLLOWING BELOW:	
Name of Institution of Higher Learning:	
Field of Study:	
Minimum remaining period of the course:	
Degree / Diploma registered for:	
(PLEASE ATTACH CERTIFIED COPY OF	
PROGRESS REPORT/ RESULTS)	

SECTION D: FIELD OF STUDY YOU ARE APPLYING FOR

Name of Institution that you are applying to:

Field of Study:

Name of Degree / Diploma:

For which year do you intend to register (Please circle): 1st / 2nd / 3rd / 4th / 5th / 6th

Duration of the qualification:

Tuition Fees (Attach quotation which indicates the amount to be paid for the tuition fees of the qualification you have applied for): R.....

Indicate the Province where the Institution is located:

SECTION E: EMPLOYEE'S MOTIVATION

- The Department's need for special / specific skills in terms of the strategic objectives and service delivery priorities.
- The appropriateness of the field of study (operational requirement) relating to the applicant's field of expertise and the work environment (taking into consideration career pathing).
- The extent to which the field of study relates to the employee's career development imperatives linked to performance results / assessment.

SECTION F: DECLARATION

I certify that the information supplied in this application form is correct. All required documents are attached as requested. If I am awarded a bursary by the Department, I shall abide by the regulations applicable as stated per the Bursary Agreement and Bursary Policy. I am fully aware and understand that any false information supplied by me as an applicant could lead to the application of consequence management by the Department.

Signature of Applicant:

NB: Submission of the Bursary Application Form does not mean that your application has been successful. You will be informed about the outcome in due course.

SECTION G: COMMITMENT BY THE MANAGER / IMMEDIATE SUPERVISOR / SENIOR MANGER

a Manager / Immediate Supervisor / Senior I applicant Ms / Mr bursary with all the necessary resources that	(Name and Surname) commit myself as Manager that I shall always support the bursary throughout his / her studies once awarded the t he / she may need during his / her studies. I am also nses as stipulated in the Departmental Bursary Policy.
SIGNATURE OF SUPERVISOR/MANAGER/	PRINT NAME & SURNAME
DATE:	
APPROVED / NOT APPROVED	
SIGNATURE OF SENIOR MANAGER	PRINT NAME & SURNAME
DATE:	

SECTION H: REMARKS BY THE SKILLS DEVELOPMENT COMMITTEE

• The intended studies do / do not relate to the functions of the Department as stated in section E above.
Remarks (if any)
THE ABOVE BURSARY APPLICATION OF Ms / Mr
IS RECOMMENDED / NOT RECOMMENDED
CHAIRPERSON OF THE SKILLS DEVELOPMENT COMMITTEE
DATE: