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|-----------------------|---|
| 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 Probation         |

**SECTION C: POST SCHOOL QUALIFICATIONS**

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



**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:** ..... **Date:** .....

**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**

I ..... ( Name and Surname) commit myself as a Manager / Immediate Supervisor / Senior Manager that I shall always support the bursary applicant Ms / Mr. .... throughout his / her studies once awarded the bursary with all the necessary resources that he / she may need during his / her studies. I am also committing myself to pay all incidental expenses as stipulated in the Departmental Bursary Policy.

**RECOMMENDED / NOT RECOMMENDED**

-----  
**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)

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**THE ABOVE BURSARY APPLICATION OF Ms / Mr .....**

**IS RECOMMENDED / NOT RECOMMENDED**

\_\_\_\_\_

**CHAIRPERSON OF THE SKILLS DEVELOPMENT COMMITTEE**

**DATE:** \_\_\_\_\_