

2022 EMPLOYEE BURSARY FORM

- OFFICE BASED EMPLOYEES
- SCHOOL BASED EMPLOYEES
- PROTECTED TEMPORALY EDUCATORS

NB: CLOSING DATE - 20 JANUARY 2022

- ANED
- ANWD
- AED
- AWD
- BCM
- CHED
- CHWD
- JGD
- NMBM
- ORTCD
- ORTID
- SBD



NAME: _____
PERSAL NUMBER: _____
NAME OF SCHOOL/OFFICE: _____
POSITION: _____
CONTACT DETAILS: _____



**HUMAN RESOURCE DEVELOPMENT
SKILLS DEVELOPMENT**

Steve Vukile Tshwete Complex, Zone 6, Zwelitsha, 5608
Private Bag X0032, Bisho, 5605, REPUBLIC OF SOUTH AFRICA
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PART A: PERSONAL DETAILS

First Names:

Surname:

District / Town:

Course:

Major/s:

Duration of Course: Year of Completion of Studies.....

Date of Birth:

ID Number:

Gender:

Race:

Disability: If YES, state nature of Disability:

Name of Institution of Studies

Student Number:

Address

Work (Institution / School / District Office)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Telephone Work: Code Number

Telephone Home: Code Number

Cellular Number:

Employment Status:

If Other. Please Specify :

Current Position Held :

Current REQV Level :

Have you Obtained a Bursary from the Public Service Before?

If YES, Provide Details :

If Any Other Bursary / Bursaries Received, then indicate the following:

Name of Bursary/Sponsor:.....

Amount :

Year Granted :

Year Remaining (Including Service Obligation) :

If Servicing Bursary Obligation, Indicate Years Owing:.....

ATTACHED THE FOLLOWING DOCUMENTATION TO THIS FORM:

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 will be submitted to the Department on or before 15 January, of the following year.
- 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:

PART E: APPROVAL

RECOMMEND <input type="checkbox"/>	EDO / SCHOOL PRINCIPAL (SCHOOL-BASED EMPLOYEE)	DATE:
NOT RECOMMENDED <input type="checkbox"/>	Name:..... Signature:.....	
IF NOT, REASONS:		
RECOMMEND <input type="checkbox"/>	SECTION HEAD (OFFICE-BASED EMPLOYEE)	DATE:
NOT RECOMMENDED <input type="checkbox"/>	Name:..... Signature:.....	
IF NOT, REASONS:		
RECOMMEND <input type="checkbox"/>	DISTRICT BURSARY COORDINATOR	DATE:
NOT RECOMMENDED <input type="checkbox"/>	Name:..... Signature:.....	
IF NOT, REASONS:		
RECOMMEND <input type="checkbox"/>	DIRECTOR HRD	DATE:
NOT RECOMMENDED <input type="checkbox"/>	Name:..... Signature:.....	
IF NOT, REASONS:		