

2023 EMPLOYEE BURSARY FORM

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

NB: CLOSING DATE - 30 NOVEMBER 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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Province of the
EASTERN CAPE
EDUCATION

PART A: PERSONAL DETAILS

First Names:

Surname:

District / Town:

Course:

Major/s:

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

Date of Birth:

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 ID Number:

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Gender:

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Race:

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Disability:

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 If YES, state nature of Disability:

Name of Institution of Studies

Student Number:

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Address

Work (Institution / School / District Office)

Telephone Work: Code

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 Number

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Telephone Home: Code

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 Number

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Cellular Number:

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Employment Status:

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If Other. Please Specify :

Current Position Held :

Current REQV Level :

Have you Obtained a Bursary from the Public Service Before?

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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:.....



PART B: BURSARY INFORMATION

ONLY AVAILABLE TO OFFICIALS OF THE DEPARTMENT

- **FOR PART-TIME STUDENTS AT TERTIARY INSTITUTION**
- **CLOSING DATE: 30 November 2022**
- 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 he/her behalf.
- Applicants must ensure that they meet the minimum requirements before applying for the intended bursary.
- Please ensure that all relevant documentation is 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.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

- ☐ Certified ID Copy ☐ Matric Certificate ☐ Proof of Residence ☐ Most recent Academic

Give Names and Surnames of two (2) Contactable References (not relatives)

Reference 1: Mr/Mrs

Telephone:

Cell:

Reference 2: Mr/Mrs

Telephone:

Cell:

PART C: COURSE DETAILS

1. Highest Qualification:

2. Major Subjects:

3. Phase:

Name of Course Applying for:

.....

State any Tertiary Qualifications Previously Obtained:

1.....

2.....

3.....

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

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.....

.....



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:

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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:		