

2025 EMPLOYEE BURSARY FORM

TYPE OF EMPLOYEE

- EXECUTIVE MANAGEMENT
- SENIOR MANAGEMENT
- MIDDLE MANAGEMENT
- OFFICE BASED EMPLOYEES
- □ SCHOOL BASED EMPLOYEES

DISTRICT/HEAD OFFICE

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



Name:_____ Persal Number:_____ Name of School/Office:_____ Position:_____ Contact:_____ Website



Address

Eastern Cape

www.eceducation.gov.za +27(0)40 608 4222/3

Contact Us

building blocks for

rowt

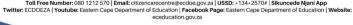
department of education





Employee Bursary Application Form

First Name		SONAL DET	AILS									
District/Town :	First Name		•			•••••		•••••	••••			
Course :	Surname		•			•••••			••••••			
Major/s :	District/Tow	'n	•	••••••		•••••			•••••			
Duration of the Course :	Course		:					•••••	••••••			
Year of Completion of Studies: ID Date of Birth: /ID Number: ID Gender: Male Female Indian Other ID Disability: YES VIES NO If YES, State nature of Disability: Image: If YES, State nature of Disability: Image: Image: Name Institution of Study Image: Student Number: Image: Image: Image:	Major/s		:					•••••	•••••			
Date of Birth: / ID	Duration of	the Course	•		•••							
Number:	Year of Com	pletion of S	tudies:	••••••	•••••							
Gender: Male Female Acce: African Coloured White Indian Other Disability: If YES, State nature of Disability: Disability: YES NO If YES, State nature of Disability: Manuel Institution of Study Student Number: Student Number: Postal Code Telephone Work: Cell Number:	Date of Birth	n: /	/		ID							
Gender:	Number:											
Airtain Colored winte intrain Other Disability: If YES, State nature of Disability:	Gender:	Male	Female									
Image: Institution of Study Image: Image	Race:	African	Coloured	White	Indian	Other						
Student Number: Address Work: (Institution / School / District Office) Postal Code Telephone Work: Cell Number:	Disability:	YES N	NO IF YES, S									
Address Work: (Institution / School / District Office) Address Work: (Institution / School / District Office) Postal Code Telephone Work: Cell Number:	Name Institu	ution of Stu	dy :					•••••	•••••	 •••••	•••••	
Postal Code	Student Nun	nber:										
Postal Code	Address Wo	rk: (Instituti	ion / School /	District Off	ice)							
Code Telephone Work: Cell Number:												
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Province of the EASTERN	CAPE
EDUCATION	

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Provinsie van die Oos Kaap: Department van Onderw	vys
Porafensie Ya Kapa Botjahabela: Lefapha la Thuto	

Employment Status:	PERMANENT	CONTRACT	OTHER

If Other, Please Specify	:
Current Position Held	:
Current REQV Level	•

YES	NO

Have obtained a Bursary from the Public Service before?

If YES, please specify.....

If any other Bursary/Bursaries received, then please specify the following: Name of Bursary/Sponsor :..... Amount : R..... Year/s Granted :..... Years remaining (Including Service Obligation):..... If Serving Bursary Obligation, indicate Years Owing:.....

PART B: BURSARY INFORMATION

ONLY AVAILABLE TO OFFICIALS OF THE DEPARTMENT

- FOR PART-TIME STUDENTS AT TERTIARY INSTITUTIONS (PUBLIC INSTITUTIONS ONLY)
- **CLOSING DATE: 02 DECEMBER 2024**
- 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 his/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 (please refer to enclosed checklist)
- Application to be completed in BLOCK LETTERS in the applicant's own handwriting.
- Applicants are to complete Parts A, B, C & D

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

]	Certified ID Copy
]	Copy of Matric Certificate

Most recent
Academic
Transcript

Proof of Residence

N

т





NDP

lphondo leMpuma Kapa: Isebe leMfundo Provinsie van die Oos Kaap: Department van Onderwys Porafensie Ya Kapa Botjahabela: Lefapha la Thuto

Give Names and Surnames of two (2) contactable References (Not relatives)

Reference 1: Mr/Mrs :
Telephone Cell phone
Reference 2: Mr/Mrs : Telephone Image: State of the second se
PART C: COURSE DETAILS
 Highest Qualification : Major Subjects: Phase :
Name of Course Applying for:
State any Tertiary Qualifications Previously Obtained:
2
3
Give reason why you want to complete this course and explain how you think it will benefit the Department:







ATTACH THE FOLLOWING DOCUMENTATION TO THIS FORM:

PART D: DECLARATION

- I have attached / enclosed all necessary supporting documentation, as required
- I shall ensure that any examination results from the November/December session, if you are a continuing student, will be submitted to the Department on or before 13 January of the following year. (This is to update your application documents after the closing date.)
- 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 application.
- 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:	D	D	М	М	Y	Y	
						i	

PART E: APPROVAL

EDO/SCHOOL PRINCIPAL (SCHOOL-BASED	DATE:
EMPLOYEE)	
Name:	
Signature:	
ase Specify Reasons:	
	EMPLOYEE) Name: Signature:

MARK WITH AN "X"	SECTION HEAD (OFFICE-BASED EMPLOYEE)	DATE:
RECOMMENDED		
NOT	Name:	/ /
RECOMMENDED	Signature:	
If Not December and ad		

If Not Recommended, Please Specify Reasons:



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NDP

MARK WITH AN "X"	DISTRICT BURSARY COORDINATOR	DATE:	
RECOMMENDED			
	Name:	//	
NOT RECOMMENDED	Signature:		
If Not Recommended, Please Specify Reasons:			

MARK WITH AN "X"	DIRECTOR: HRD	DATE:		
RECOMMENDED				
NOT RECOMMENDED	Name:	//		
	Signature:			
If Not Recommended, Please Specify Reasons:				



