



2024 EMPLOYEE BURSARY FORM

TYPE OF EMPLOYEE

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

DISTRICT/HEAD OFFICE

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



Name: _____

Persal Number: _____

Name of School/Office: _____

Position: _____

Contact: _____



Website
www.eceducation.gov.za

Contact Us

+27(0)40 608 4222/3



Address
**Steve Vukile Tshwete Complex, Zone 6. Zwelitsha
Eastern Cape**



Employment Status:

PERMANENT	CONTRACT	OTHER

If Other, Please Specify :.....

Current Position Held :.....

Current REQV Level :.....

Have obtained a Bursary from the Public Service before?

YES	NO

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: 08 DECEMBER 2023**
- **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

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Certified ID Copy | <input type="checkbox"/> Copy of Matric Certificate | <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> Most recent Academic Transcript |
|---|--|--|---|





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

Reference 1: Mr/Mrs :.....

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Cellphone

Telephone

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Reference 2: Mr/Mrs :.....

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Cellphone

Telephone

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

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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 results of Examinations still 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 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	M	M	Y	Y
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PART E: APPROVAL

MARK WITH AN "X"		EDO/SCHOOL PRINCIPAL (SCHOOL-BASED EMPLOYEE)	DATE:
RECOMMENDED	<input type="checkbox"/>		___ / ___ / ___
NOT RECOMMENDED	<input type="checkbox"/>	Name:	___ / ___ / ___
		Signature:	___
<i>If Not Recommended, Please Specify Reasons:</i>			

MARK WITH AN "X"		SECTION HEAD (OFFICE-BASED EMPLOYEE)	DATE:
RECOMMENDED	<input type="checkbox"/>		___ / ___ / ___
NOT RECOMMENDED	<input type="checkbox"/>	Name:	___ / ___ / ___
		Signature:	___
<i>If Not Recommended, Please Specify Reasons:</i>			



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

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