

CONFIDENTIAL

DEPARTMENT OF LABOUR

BURSARY SCHEME FOR PERSONS WITH DISABILITIES

BURSARY APPLICATION FORM

Instructions: Please complete form as fully as possible using block letters and a black pen.

1. PERSONAL DETAILS

Surname:.....

Full names:.....

Date of birth:.....

Identity number:.....

Population Group:.....

Gender: (Male/Female).....

Your street address and postal code:

.....
.....
.....

Your postal address and postal code:

.....
.....
.....

Your area code and telephone number: ()

Your cell number:.....

Please provide alternative telephone numbers/cell numbers, where we can reach you:

()

Please describe your disability in your own words:

.....
.....
.....
.....
.....

2. FINANCIAL CIRCUMSTANCES:

Marital status:.....

How many children do you have that are dependant on you?.....

Are you currently working? (Yes/No)

If yes, please complete the following;

Current

Employer:.....

Position/rank:.....

Annual

salary:.....

Do you personally have any other income? Please specify amount and source:

.....

Do you receive a disability grant? Yes/No.....

Have you applied for a bursary from another organization?Yes/No.....

If yes, state Bursary Fund.....

Your father's occupation:

.....

Your father's annual income

.....

Your mother's occupation:

.....

Your mother's annual income

.....

Number of children dependent on your parents:

.....

3. STUDY DETAILS:

Highest Qualification already obtained:.....

Name of course you are applying for:

Normal duration of course:

Area code and telephone number of training institution: ().....

In what month of 2005 do you intend to start with your studies?

If you have started studying already, which years have you completed or will you have completed by the end 2004? Have you already obtained any qualification (eg N1 in Mechanical Engineering)?

.....

Will you be living with your parents when studying: (Yes/No).....

Will you be living in the training institution's hostel when studying?

(Yes/No).....

What will your transport arrangements be if not staying in the training institution's hostel?

.....

Describe in your own words the support services you would require when studying, eg. assistive devices like a Braille machine, tape recorder, etc.

.....

.....

.....

.....

.....

What assistive devices do you already have:

.....

.....

.....

4. DECLARATION

I hereby declare that the above-mentioned information provided is true and an accurate reflection of my situation.

Signed:..... (Bursary applicant)

Date:.....

Co-signed by parent, if a minor:.....

Date:.....