



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

COMPENSATION FUND EXTERNAL BURSARY APPLICATION FORM ACADEMIC YEAR 2022

Dependants of COID Clients between the ages of 17 to 25, whose parents/guardians suffered occupational injuries/diseases and subsequently acquired a permanent disablement.

Unemployed Persons who have acquired a permanent disablement due to occupational injuries/diseases and COID Pensioners are invited to apply for the bursary [See the last page for funded qualifications].

A														DETAILS OF STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING													
Study Programme																											
Training Institution																											
Student Number / Application Number																											
Year of commencement of study														Anticipated year of completion													
B														PARTICULARS OF APPLICANT													
Dependent of COID Pensioner				COID client/beneficiary with a permanent disablement not (yet) classified as COID Pensioner										COID Pensioner													
Please provide us with the COID pension number																											
Or Claim number (Applicable to COID clients/beneficiaries not (yet) classified as COID Pensioners)																											
Title				Surname																							
First names (in full)																											
Maiden name (if applicable)				Date of birth				Y	Y	Y	Y	M	M	D	D												
Identity number (attach certified copy of ID)																											
Home language														Male		Female											
African				Coloured				Indian				White															
Marital status				Citizenship																							
Do you have a disability?				Yes	No	Type of disability																					
Residential address (including postal code)																											
Province				GP	NW	LP	MP	FS	KZN	EC	NC	WC															
Local/ District Municipality																											
Postal address (including postal code)														Postal Code													
Telephone number during the day (code and number)										Cellphone Number																	
E-mail address (if applicable)										Alternative Number																	



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

C	PARTICULARS OF PARENT (Mother) / LEGAL GUARDIAN													
Surname														
First names											Title			
ID Number (Attach a certified copy of ID)														
Residential address and postal code									Telephone number (home)		code			
											number			
									Telephone number (work)		code			
		Postal Code									number			
D	PARTICULARS OF PARENT(Father)/LEGAL GUARDIAN													
Surname														
First Names														
ID Number (Attach a certified copy of ID)														
Residential address and postal code									Telephone Number (home)		code			
											number			
									Telephone Number (work)		Code			
		Postal Code									number			
E	STATEMENT BY APPLICANT													
<p>"I, the undersigned, declare that the information stated in this form is true and complete, including the information about my parent/guardian, to the best of my knowledge and belief. I have submitted this information knowing that if I wilfully stated in it anything which I know to be false or which I do not believe to be true, including any omissions, I may be declared ineligible for funding assistance. I voluntarily consent to the Compensation Fund and/or its representative/s and/or its contractors and/or sub-contractors processing my personal information (in particular, my financial and education information) as defined in the <i>Protection of Personal Information Act 4 of 2013</i> for the purpose/s of assessing my application for funding assistance. I agree that Compensation Fund may have access to my study results, other training institution maintained information and information that I voluntarily submit to the Compensation Fund for monitoring and reporting on my study progress. I accept and acknowledge that this application does not guarantee that I will receive a Compensation Fund bursary."</p>														
Signature of Applicant									Date					
F	CONSENT BY PARENT (MOTHER) / LEGAL GUARDIAN / COID PENSIONER <i>(Only applicable to Dependants of COID Pensioners/ dependants of COID beneficiaries with Permanent Disability)</i>													
<p>"I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to the Compensation Fund and/or its representative/s and/or contractors and/or sub-contractors processing my personal information, in particular, my financial information as defined in the <i>Protection of Personal Information Act 4 of 2013</i> sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable the Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (particularly the Applicant's financial and academic information), where the Applicant is a minor. I understand that I and/or the Applicant may, on request to the Compensation Fund,</p>														



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

access the collected personal information to rectify any inconsistencies therein. I confirm that I am a competent person to provide this consent on behalf of the minor Applicant. I understand that failure to provide the voluntary consent to enable Compensation Fund to process my personal information (in particular my financial information) and the Applicant's personal information (in particular, financial and academic information) will result in this application for funding assistance being regarded as incomplete and therefore the Applicant's eligibility for funding assistance will not be considered." I take note that if Compensation Fund utilises the personal information contrary to the provisions of the Act, I may first resolve any concerns with Compensation Fund. If I am not satisfied with the process adopted to address my concerns, I have the right to lodge a complaint with the Fund.

I unconditionally agree to indemnify the Compensation Fund, acting in good faith in taking reasonable steps to process the personal information lawfully, against any liability that may result from the processing of the personal information. This includes unintentional disclosures of such personal information to or access by unauthorised persons and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information, provided to the Compensation Fund by myself or by a third party; in respect of me."

Signature of Parent/Guardian

Date

G

CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN/ COID PENSIONER (Only applicable to Dependants of COID Pensioners)

"I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to the Compensation Fund and/or its representative/s and/or contractors and/or sub-contractors processing my personal information, in particular, my financial information as defined in the *Protection of Personal Information Act 4 of 2013* sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable the Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (particularly the Applicant's financial and academic information), where the Applicant is a minor. I understand that I and/or the Applicant may on request to the Compensation Fund, access the collected personal information to rectify any inconsistencies therein. I confirm that I am a competent person to provide this consent on behalf of the minor Applicant. I understand that failure to provide the voluntary consent to enable Compensation Fund to process my personal information (in particular my financial information) and the Applicant's personal information (in particular, financial and academic information) will result in this application for funding assistance being regarded as incomplete and therefore the Applicant's eligibility for funding assistance will not be considered." I take note that if Compensation Fund utilises the personal information contrary to the provisions of the Act, I may first resolve any concerns with Compensation Fund. If I am not satisfied with the process adopted to address my concerns, I have the right to lodge a complaint with the Fund.

I unconditionally agree to indemnify the Compensation Fund, acting in good faith in taking reasonable steps to process the personal information lawfully, against any liability that may result from the processing of the personal information. This includes unintentional disclosures of such personal information to or access by unauthorised persons and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information provided to the Compensation Fund by myself or by a third party in respect of me."

Signature of Parent / Guardian

Date

H

FOR OFFICE USE

Captured by:

Date Captured:

**Eligibility Status (please tick
(√))**

Suitable

Pending

Not Suitable

Comments:

Signature:

Date:



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

To process your application, please ensure that you complete all parts of the application form and add the supporting documents. Incomplete application forms would not be processed.	Self- Checklist (Cross where applicable)	
	Yes	No
Are you a COID pensioner	Yes	No
Are you a COID client with a permanent disablement not (yet) classified as a COID Pensioner	Yes	No
Are you a dependant of a COID Pensioner	Yes	No
Have you been accepted for the qualification (s) listed on the priority list	Yes	No
South African citizen	Yes	No
Fully completed application form	Yes	No
Tuition fees quotation	Yes	No
Prescribed Learning Resources Quotation (If available)	Yes	No
Proof of residence	Yes	No
COID pension number / COID claim number (COID beneficiaries with a permanent disablement not (yet) classified as COID Pensioners)	Yes	No
Certified copy of Identity document / unabridged birth certificate of the Applicant	Yes	No
Parent(s) or guardians' Identity document (certified)	Yes	No
If either of your parents is deceased, please provide a certified copy of the death certificate	Yes	No
Grade 12 June results / latest academic transcript	Yes	No
Proof of acceptance / preliminary acceptance from public Post School Education and Training (PSET) or Higher Education Institution (HEI)	Yes	No
Pre-entry assessment (<i>Applicable to candidates who exited the mainstream schooling system at Grade 9, having General Education Certificate (GEC) and potential to excel in this programme.</i>)	Yes	No
Proof of income Certified or official copy of the latest payslip, three months' bank statement for each parent or your legal guardian or proof of income letter in the form of SASSA grants, Unemployment Insurance Fund (UIF), Compensation Fund (CF), Rand Mutual Association, Federated Employer's Mutual Assurance or any retirement, life, disability or other benefits paid as a lump sum or in monthly payments/ Affidavit	Yes	No
If your parents or legal guardians are working as informal traders, please include an affidavit signed by them to confirm this employment	Yes	No
Proof of unemployment letter from Department of Employment and Labour / of Affidavit for PWDs	Yes	No
Certification and verification of physical disability by a Health Care Professional or Disability Support Office (Applicable to other PWDs)/ WCL forms	Yes	No
Studying full-time	Yes	No
Studying Part-time (only applicable to Persons with Disabilities)	Yes	No



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

FUNDED QUALIFICATIONS

PRIORITY QUALIFICATIONS FOR THE DEPENDANTS OF COID PENSIONERS (17 – 25 YEARS OF AGE)	
1.	Accounting Science/ BCom (honours) in Accounting/ CTA
2.	Health Professional and related clinical science (MBCHB, Urology, Oncology, Dentist, Pharmacist, Radiography, Nursing, Medical Science, Occupational Therapy, Physiotherapy, Medical Orthotics and Prosthetics)
3.	Actuarial Science and Financial Mathematics
4.	Mathematical Science/ Statistics/ Data Science
5.	Bachelor of Science in Computer Science and Informatics/ Information Technology (Specialising with artificial intelligence/machine learning/ data science & analytics/ data engineering/ Cyber security/ Cloud Computing/ Internet of Things (IoT)/ Quantum Computing/ robotics/ Software engineering/ Computer networks)
6.	Risk Management and Forensic Science
7.	Information Technology / Computer Science / Informatics/ System Development (Specialising with artificial intelligence/machine learning/ data science & analytics/ data engineering/ Cyber security/ Cloud Computing/ Internet of Things (IoT)/ Quantum Computing/ robotics/ Software engineering/ Computer networks)
8.	Health Professional and related clinical science: (MBCHB, Urology, Oncology, Dentist, Pharmacist, Radiography, Nursing, Advanced Paramedic, Audiologists, Occupational Therapy, Physiotherapy, Medical Orthotics and Prosthetics, Vascular technology)
9.	Engineering (Chemical, civil, electrical, mechanical, mechatronics, design and development, production and process)
10.	Actuarial Science/ Mathematical Science/ Statistics/ Data Science
11.	Accounting Science/ Honours BCom Accounting/ CTA
12.	Economic Science
13.	Architectures/ Town Planning/ Construction Management/ Quantity Surveyor
14.	Aeronautical Engineering/ Aerospace Control /Aviation
15.	Agriculture
16.	Analytical Chemistry/ Biochemistry / Biotechnology/Microbiologist
17.	Clinical/ Industrial Psychology
18.	Risk Management/ Risk Management and Forensic Science
19.	Food and Beverage technician/ Hospitality/Food & Beverage/ Culinary
20.	Geo- Informatics / Geophysics / Geology/ Geology/ Geo informatics
21.	Design Graphic (Communication) Design/ Digital Marketing/ Brand Communication or Management/ Digital design/ Film and Production/Animation
22.	Quality control and planning/ Quality Assurance and regulatory/ Environmental Health
23.	Marine / Maritime Studies
24.	Operations Management/ Industrial Engineering/ Production Management/ Supply Chain Management
25.	Teaching (Mathematics, Science, Information Communications Technology and Early Childhood Development)
26.	Water Science and Technology
27.	Apprenticeship full programme (<i>This opportunity is extended to capable candidates who exited the mainstream schooling system at Grade 9, having General Education Certificate (GEC) and potential to excel in this programme</i>). Pre-entry assessment outcomes must be attached.

PRIORITY QUALIFICATIONS FOR UNEMPLOYED COID PENSIONERS

Unemployed COID Pensioners / Unemployed COID clients who have acquired a permanent disablement are open to study the qualification of their choice to increase chances of reintegration into the labour market.

COID pensioners / COID clients with a permanent disablement not (yet) classified as COID Pensioners struggling to access the PSET institutions are advised to contact our offices for organised Vocational Training, which include among others

Dressmaking | Welding | Plumbing | Electrical |Carpentry | Upholstery and Furniture Making | Traditional and Hydroponic Vegetable Cultivation and Agro-processing | Horticulture & Landscaping | Poultry Farming | Other Vocational Training