



 13 Autumn Street | Rivonia | 2128



**RESEARCH (DOCTORATE [PhD] AND MASTERS) BURSARY PROGRAMME
(2020 ACADEMIC YEAR) BURSARY APPLICATION FORM**

A. PERSONAL DETAILS

| | | | |
|---------------------------|-------------|------------------------|---------------|
| TITLE | | IDENTITY NUMBER | |
| INITIALS | RACE | MALE | FEMALE |
| SURNAME | | | |
| FIRST NAMES (FULL) | | | |

| | |
|------------------------------|-------------------------|
| DATE OF BIRTH (d:m:y) | AGE |
| POSTAL ADDRESS | PHYSICAL ADDRESS |
| POSTAL CODE | POSTAL CODE |
| MUNICIPALITY | MUNICIPALITY |
| PROVINCE | PROVINCE |

| | | |
|------------------------------|--------------------------------|---------------|
| HOME TELEPHONE NUMBER | AREA CODE | NUMBER |
| FAX NUMBER | AREA CODE | NUMBER |
| APPLICANT CELL NUMBER | ALTERNATIVE CELL NUMBER | |
| E-MAIL ADDRESS | | |
| EMERGENCY CONTACT | NAME | NUMBER |

| | | | |
|---|--|----------------------------------|--|
| PLACE OF BIRTH | | | |
| SA CITIZEN | Yes <input type="checkbox"/> | OR | Permanent Resident Yes <input type="checkbox"/> |
| MARITAL STATUS | Single <input type="checkbox"/> | Married <input type="checkbox"/> | Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> |
| DO YOU SUFFER FROM ANY CHRONIC ILLNESS OR PHYSICAL HANDICAP? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| If yes, please give details | | | |
| HAVE YOU BEEN CONVICTED OF ANY CRIME? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| If yes, please give details | | | |

B. STUDY DETAILS

| | |
|--|--|
| INSTITUTION | |
| CAMPUS | |
| STUDENT NUMBER | |
| STUDY COURSE | |
| YEAR OF STUDY | |
| DISCIPLINE (E.G. FOOD TECHNOLOGY, MICROBIOLOGY) | |
| COMMENCEMENT DATE | |
| PROJECTED COMPLETION DATE | |

C. RESEARCH PROGRAMME (RESEARCH PROPOSAL MUST BE APPROVED)

| | | | | |
|---|------------|--|---------------------|--|
| TITLE OF RESEARCH STUDY | | | | |
| SUPERVISOR DETAILS | Name: | | | |
| | Telephone: | | | |
| | Email: | | | |
| INDICATE REGISTRATION PERIOD FOR CURRENT YEAR OF FUNDING | Start date | | End date | |
| PROVIDE EVIDENCE THAT THE RESEARCH PROPOSAL IS APPROVED | | | | |
| IS THIS APPLICATION FOR FUNDING A NEW APPLICATION OR AN APPLICATION FOR SUBSEQUENT FUNDING | New | | Sub-sequent Funding | |



| | | | | |
|--|--|--|---|--|
| ANY FUNDING WAS PROVIDED FOR THIS RESEARCH BEFORE, PLEASE COMPLETE THE PROGRESS REPORT AND ATTACH | Indicate the years in which funding was received | | Indicate total amount received thus far | |
|--|--|--|---|--|

D. SUMMARY OF RESEARCH

| | | |
|---|---|--|
| PROPOSED TITLE OF THESIS | | |
| KEY QUESTION/S TO BE RESEARCHED | | |
| AIM OF THE RESEARCH TOPIC | | |
| OBJECTIVES OF THE RESEARCH TOPIC | | |
| HOW DOES THE RESEARCH TOPIC ADDRESS SCARCE SKILLS AND PRIORITIES IN THE FOOD AND MANUFACTURING SECTOR? | | |
| PROVIDE DETAILS OF THE EXPECTED OUTPUTS OF THE RESEARCH FOR THE CURRENT FUNDED YEAR | | |
| SUMMARY OUTLINE OF RESEARCH PLANNED FOR THE CURRENT YEAR | METHODOLOGY | |
| | ACTIVITIES FOR THE YEAR FOR WHICH FUNDING IS REQUESTED | |



E. CHECKLIST FOR SUBMISSION OF SUPPORTING DOCUMENTS

Your application must be accompanied by the following documentation. Please tick each document included in your application:

Kindly ensure that all supporting documents are included with your Application Form

| Document: | Check: |
|---|--------|
| Proof of application approval/registration from Higher Education Institution for intended qualification | |
| Tuition fee quotation as issued by the Higher Education Institution | |
| Copy of South African Identification Document (certified) | |
| Copy of previous qualification (certified) | |
| Signed Declaration form | |
| Approved research proposal with confirmation from the University | |

F. DECLARATION OF AUTHENTICITY

I declare that the information supplied in this application is to the best of my knowledge true and correct. I understand that any false information will automatically disqualify me from obtaining any funding and could further lead to me being charged in a Court of Law for fraudulently receiving funding.

Signature applicant

Signature approving professor

The application window will open on the ***** 2020 and close on ***** 2020. FoodBev SETA will attempt to ensure that feedback is provided timeously. However, if you have not heard anything from FoodBev SETA by ***** 2020, consider your application as unsuccessful.

NB: FoodBev SETA reserves the right to determine the number of bursary allocation for the academic year based on the available budget. Applications will be approved by FoodBev SETA Accounting Authority (Board)

Further enquiries can be addressed to the following officials
Busisiwe Ngatsane on 011 253-7377 or busisiwe@foodbev.co.za
Teboho Ngwane on 011 253 7313 or tebohon@foodbev.co.za

APPLICATION FORMS AND SUPPORTING DOCUMENTS CAN BE EMAILED TO:

Email: researchbursary@foodbev.co.za



OR COURIERED TO: Bursary Unit, FoodBev SETA, 13 Autumn Street, Rivonia, 2128



www.foodbev.co.za



+27 11 253 7300



info@foodbev.co.za