



**VOCATIONAL REHABILITATION BURSARY APPLICATION FORM 2020**

Workers who cannot return to work due to occupational injuries or diseases, as a result, acquired a permanent disablement are invited to apply for the bursary to improve their knowledge and skills to return to work or be self employed. The bursary is further extended to a limited number of unemployed persons with physical disabilities.

A DETAILS OF THE STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING															
Study Programme															
Training Institution															
Student Number/Application Number															
Year of commencement of the study								Anticipated year of completion							
B PARTICULARS OF APPLICANT															
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)															
Nationality				RSA				OTHER							
				<i>If other, attach certified copies of documents indicating your status. E.g. Permanent Residence, Work Permit, Study Permit, etc.</i>											
Compensation Fund pension number <i>(only applicable to Injured Workers)</i>															
Home language								Male		Female					
African				Coloured				Indian				White			
Marital status						Do you have a disability?				Yes		No			
Type of disability:		Sight		Hearing impairment		Physical		Injury on duty		Yes					
		Other								No					
Functional Limitations:						Functional Capabilities:									
Residential address <i>(including postal code)</i>															
Province		GP	NW	LP	MP	FS	KZN	EC	NC	WC					
Local/ District Municipality															



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Postal address (including postal code)			
Telephone number during the day (code and number)		Cellphone Number	
E-mail address		Alternative Number	

## C EDUCATIONAL INFORMATION

Indicate level of Secondary School Qualification below (X)

Grade 12		Grade 11		Grade 10		Below Grade 10 specify	
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## D POST MATRIC QUALIFICATION

Name of the Qualification	NQF Level	Year Completed	Institution

## E COMPUTER LITERACY (PLEASE TICK (✓))

Basic	Intermediate	Advance	None
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## F PARTICULARS OF PARENT (Mother)/LEGAL GUARDIAN (This section is applicable to PWDs between the ages of 17 – 25)

Surname														
First names											Title			
ID Number (Attach certified copy of ID)														
Residential address and postal code											Telephone number (home)	code		
												Telephone number (work)	number	
											Postal Code		code	
												Postal Code	number	

## G PARTICULARS OF PARENT(Father)/LEGAL GUARDIAN (This section is applicable to PWDs between the ages of 17 – 25)

Surname														
First Names														
ID Number (Attach certified copy of ID)														



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Residential address and postal code			Telephone Number (home)	code	
				number	
			Telephone Number (work)	Code	
	Postal Code			number	

H LAST EMPLOYMENT DETAILS (IF APPLICABLE)						
Name of Employer						
Field of Work						
Job Description						
Period of Employment	From:		To:		Duration:	
Date of Injury						
Reason for leaving						
Reference name and Contact/s						

I STATEMENT BY APPLICANT			
<p>"I, the undersigned, declare that the information stated in this form is true and complete, including the information about my parents/guardians, 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 Compensation Fund and/or its representative/s and/or its contractors and/or sub-contractors processing my personal information (in particular, my financial, employment 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 I will voluntarily submit information to Compensation Fund for monitoring and reporting on my study progress. I accept and acknowledge that this application does not guarantee that I will receive Compensation Fund bursary"</p>			
Signature of Applicant		Date	



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**J** **CONSENT BY PARENT (MOTHER)/ LEGAL GUARDIAN**  
**(This section is applicable to PWDs between the ages of 17 – 25)**

"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 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 Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (in particular, the financial and academic information) of the Applicant, where the Applicant is a minor. I understand that I and/or the Applicant may on request to 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 unauthorized 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	
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**K** **CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN**  
**(This section is applicable to PWDs between the ages of 17 – 25)**

"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 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 Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (in particular, the financial and academic information) of the Applicant, where the Applicant is a minor. I understand that I and/or the Applicant may on request to Compensation Fund access the collected personal information in order 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 resolve 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 unauthorized 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	
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**L** **FOR OFFICE USE**

<b>Captured by:</b>		<b>Date Captured:</b>	
<b>Eligibility Status (please tick (√))</b>	Suitable	Pending	Not Suitable
Comments:			
<b>Signature:</b>		<b>Date:</b>	



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For us 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
Fully completed application form	Yes	No
Tuition fees	Yes	No
Prescribed Learning Resources Quotation	Yes	No
Proof of residence	Yes	No
Compensation Fund pension number in case of dependents of CF Pensioners	Yes	No
Certified copies of Identity card/ unabridged birth certificate of the applicant,	Yes	No
Parent(s) or guardians' ID smart card/book ( Applicable to other PWDs between the ages of 17 – 25, but not CF pensioners)	Yes	No
If either of your parents is deceased, please provide a certified copy of the death certificate (Applicable to other PWDs between the ages of 17 – 25, but not CF pensioners)	Yes	No
Grade 12 June results/ latest academic transcript	Yes	No
Proof of acceptance / preliminary acceptance from public Post School Education and Training (PSET)	Yes	No
Proof of income (Applicable to other PWDs between the ages of 17 – 25, but not CF pensioners) Certified or official copy of the latest pay slip, 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), 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 guardian is working as an informal trader, please include an affidavit signed by them to confirm this employment (Applicable to other PWDs between the ages of 17 – 25, but not CF pensioners)	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 PWDs).	Yes	No
Studying full-time	Yes	No
If not studying full-time – please provide reasons for studying part-time		
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_____		
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## FUNDED QUALIFICATIONS

CF Pensioners and other persons with physical disabilities are not restricted on the qualifications to enroll for, however you are encouraged to enroll for critical skills which include amongst others :

- Information Communications Technology
- Engineering
- Artisan development programmes
- Agriculture and farming
- Early Childhood Development
- Graphic Design