



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

COMPENSATION FUND EXTERNAL BURSARY APPLICATION FORM ACADEMIC YEAR 2024

A														DETAILS OF THE STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING													
Study Programme																											
University																											
Student Number / Application Number																											
Year of commencement of study														Anticipated year of completion													
B														PARTICULARS OF APPLICANT													
Dependent of COID beneficiaries with a permanent disablement (PWD)				Unemployed COID beneficiaries with a permanent disablement (PWD)				General Youth																			
COID Pension Administrator				Compensation Fund				Rand Mutual Assurance				Federated Employers Mutual Assurance				N/A											
Please provide us with the COID Claim number / Pension Number																N/A											
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																			
C														PARTICULARS OF PARENT (Mother) / LEGAL GUARDIAN													
Surname																											
First names														Title													
ID Number (Attach a certified copy of ID)																											



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Residential address and postal code			Telephone number (home)	code	
				number	
	Postal Code		Telephone number (work)	code	
				number	
	COID beneficiary with a permanent disablement			Yes	No
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	
	Postal Code		Telephone Number (work)	Code	
				number	
	COID beneficiary with a permanent disablement			Yes	No
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 anything I know to be false or 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 institutions 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 receiving a Compensation Fund bursary."</p>					
Signature of Applicant		Date			
F	CONSENT BY PARENT (MOTHER) / LEGAL GUARDIAN / COID BENEFICIARY WITH A PERMANENT DISABLEMENT				
<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 access the collected personal information on request to the Compensation Fund to rectify any inconsistencies therein. I confirm that I am competent to provide this consent on behalf of the minor Applicant. I understand that failure to provide voluntary consent to enable the 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. Therefore, the Applicant's eligibility for funding assistance will not be considered." I note that if the Compensation Fund utilises personal information contrary to the Act's provisions, I may resolve any concerns with the Compensation Fund.</p> <p>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 processing 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."</p>					
Signature of Parent/Guardian		Date			



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G	CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN/ COID BENEFICIARY WITH A PERMANENT DISABLEMENT		
<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 access the collected personal information on request to the Compensation Fund to rectify any inconsistencies therein. I confirm that I am competent to provide this consent on behalf of the minor Applicant. I understand that failure to provide voluntary consent to enable the 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. Therefore, the Applicant's eligibility for funding assistance will not be considered." I note that if the Compensation Fund utilises personal information contrary to the Act's provisions, I may resolve any concerns with the Compensation Fund.</p> <p>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 processing 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."</p>			
Signature of Parent / Guardian		Date	
H FOR OFFICE USE			
Captured by:		Date Captured:	
Eligibility Status (please tick (√))	Suitable	Pending	Not Suitable
Comments:			
Signature:		Date:	



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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)	
Are you an unemployed COID beneficiary with a permanent disablement who suffered occupational injuries/diseases	Yes	No
Are you a dependant of a COID beneficiary with a permanent disablement who suffered occupational injuries/diseases	Yes	No
Are you a dependant of a fatally injured employee	Yes	No
Fully completed application form	Yes	No
Attachments		
Certified copy of Identity document / unabridged birth certificate of the Applicant showing details of the COID beneficiaries with a permanent disablement who suffered occupational injuries/diseases/ Fatally injured employees	Yes	No
If you don't have an unabridged birth certificate as a dependant applicant, one of the following documents to confirm eligibility must be submitted (<i>applicable to dependents of fatally injured workers and dependents of COID Pensioners</i>) <ul style="list-style-type: none"> a) Proof of Legal Guardianship from the Children's court or b) Family court order to confirm the dependency on the injured worker or c) Forster care confirmation from the Social Worker approved by the district surgeon or d) Maintenance order or e) Paternity tests and f) Any relevant authoritative document <p>The following document will not be accepted as it is subjective.</p> <ul style="list-style-type: none"> g) Affidavit/ Sworn Statements 	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
Attach Proof of income - Annual Combined household income bracket of R600 000 and below (Missing middle) Certified or official copy of the latest payslip, three months' bank statements for each parent or your legal guardian or proof of income letter in the form of SASSA grants <i>Dependents of COID beneficiaries with permanent disablement, dependents of fatally injured workers and unemployed COID beneficiaries with permanent disablement are exempted from submitting the proof of income</i>	Yes	No
Proof of disability (Applicable to the General Persons with Disabilities)	Yes	No

PRIORITISED FUNDED QUALIFICATIONS

RECOMMENDED PRIORITY QUALIFICATIONS
Health Professional and related clinical science, Information and Communication Technology (ICT), Engineering, Statistics & Data Science, Actuarial Science, Accounting/Financial Science, Economics/Econometrics, Math & Science Education, Marine/maritime studies, Quality Control and Environmental Health qualifications. In addition, financial assistance is available for continuing students registered for Advanced Diploma/ Honours in Accounting Science (Stream: Certificate in The Theory of Accounting (CTA), Chiropractic, Actuarial Science and Medical Orthotist and Prosthetist in all the public universities in the Republic of South Africa.
<i>(COID beneficiaries with a permanent disablement, dependents of COID beneficiaries with permanent disablement and dependents of fatally injured workers are not restricted to the list)</i>