APPLICATION FOR A BURSARY

STRICTLY CONFIDENTIAL

PERSONAL PARTICULARS - PLEASE PRINT

POSITION APPLIED FOR: _____

SURNAME: _____ FIRST NAMES IN FULL: _____

POSTAL ADDRESS: _____

_____ CODE: _____

TELEPHONE NUMBERS (INCLUDE CODE) : HOME : (_____) _____ WORK (_____) _____

FACSIMILE NUMBER: (_____) _____ CELLULAR TELEPHONE NUMBER: _____

BEST TIME AND PLACE TO CONTACT: _____

OTHER MEANS OF CONTACT IF NO TELEPHONE: _____

NATIONALITY :		I.D. NO												
IF NOT A SOUTH AFRICAN CITIZEN DO YOU :	(A) HAVE PERMANENT RESIDENCE?		PERMIT NO:											
	(B) STUDY PERMIT?		PERMIT NO:		EXPITY DATE:									

LANGUAGE PROFICIENCY PERCENTAGE FLUENCY OF EACH (EG COMPLETELY FLUENT WILL BE 100%)	LANGUAGE:	SPEAK:	READ:	WRITE:

EDUCATION

1. SCHOOL

HIGHEST STANDARD PASSED	INDIVIDUAL SUBJECTS PASSED

2. POST SCHOOL (INCLUDE UNIVERSITY, TECHNIKON, TECHNICAL COLLEGE)

NAME AND TYPE OF INSTITUTION	FROM	TO	YEAR OF STUDY	MAJOR SUBJECTS

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FAMILY BACKGROUND					
FAMILY (Begin with Father)	DATE OF BIRTH		OCCUPATION	COMPANY	CONTACT DETAILS
	Month / Year	Age			

REFEREES - These people will NOT be contacted without your permission

NAME	POSITION	COMPANY	TELEPHONE

DECLARATION : I DECLARE THAT THE INFORMATION GIVEN IS CORRECT AND UNDERSTAND, THAT IN THE EVENT OF ME BEING EMPLOYED, THAT ANY DELIBERATE MISSTATEMENT MAY RENDER MY CONTRACT OF SERVICE NULL AND VOID. I FURTHER DECLARE THAT I HAVE DISCLOSED ALL INFORMATION THAT IS RELEVANT TO HIS APPLICATION.

SIGNATURE: _____

DATE:_____