

Heart of Skills Innovation

TETA APPLICATION FORM

FULL-TIME BURSARIES

INSTRUCTIONS REGARDING THIS BURSARY APPLICATION FORM:

- Closing date for the bursary applications is 17 August 2020
- Use block letters to complete the application form
- Give concise answers and where applicable mark with X
- Attach ALL REQUESTED documents and certified copies
- Incomplete or late applications will not be considered

Please tick the field of study you are applying for in the block below (choose one qualification ONLY):

(N4-N6) or National Diploma, B-Tech or B Degree in Electrical/Electronic	
Engineering	
(N4-N6) or National Diploma, B-Tech or B Degree in Mechanical Engineering	
B Degree in Aeronautical Engineering	
B Degree in Marine Engineering	
National Diploma, B-Tech, Advanced Diploma or B Degree in Logistics	
Management	
National Diploma, B-Tech, Advanced Diploma or B Degree in Road Transport	
Management	
National Diploma, B-Tech, Advanced Diploma or B Degree in Supply Chain	
Management including Warehouse, Storage and Distribution	
National Diploma, B-Tech, Advanced Diploma or B Degree in Transportation	
Management	
National Diploma, B-Tech, Advanced Diploma or B Degree in Transport	
Economics	
Commercial Divers, Class II,III and IV	
National Diploma, B-Tech, Advanced Diploma or B Degree in Maritime or	
Nautical Studies	
National Diploma, B-Tech, Advanced Diploma or B Degree in Information and	
Communication Technology	
National Diploma, B-Tech, Advanced Diploma or B Degree in Risk Management	
National Diploma, B-Tech, Advanced Diploma or B Degree in Occupational	
Health and Safety	

National Diploma, B-Tech, Advanced Diploma or B Degree in Operations	
Management	
National Diploma, B-Tech, Advanced Diploma or B Degree in Business	
Administration	
National Diploma, B-Tech, Advanced Diploma or B Degree in Business Financial	
Management	
B Degree Maritime Law	
B Degree Law	
Bcom Accounting	
Masters Degree (transport related possible themes in the guidelines)	
Commercial Pilot License	
Instrument Rating	
Instructor's Rating	
ATPL Subjects	
ATPL (Hour Building)	
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A. PARTICULARS OF THE APPLICANT

Do you have a disability?

Title:	. Surname: .			 	 	 	
First Name	s:			 	 	 	
Gender:	Male	Female					
		1	I				
Identity Nu	mber:						
Race:							
African	Coloured	Indian	White				
Nationality	:			 	 	 	
Province:				 	 	 	
Municipalit	:y:			 	 	 	
Last/Currer	nt High Scho	ol:		 	 	 	

Describe the type of disability	Yes	No						
Postal Address:			·					
Postal Code:								
Postal Code:	ostal Ad					ddress:		
Telephone No: (H) ()								
B. PARTICULARS OF STUDIES FOR WHICH YOU WISH TO RECEIVE A BURSARY TVET EXTENDED NATIONAL DIPLOMA/ NATIONAL DIPLOMA DIPLOMA DEGREE ADVANCED DIVING MASTERS PILOT TRAINING DIPLOMA DIPL	ostal Co	de:		Pos	tal Code:			
B. PARTICULARS OF STUDIES FOR WHICH YOU WISH TO RECEIVE A BURSARY TVET EXTENDED PROGRAMME NATIONAL DIPLOMA DEGREE ADVANCED DIVING MASTERS PILOT TRAINING DEGREE ADVANCED DIPLOMA Please tick where applicable) Student/License Number:	ell phon	e No:		Tele	ephone No: (H) ()		
TVET N4-N6 PROGRAMME NATIONAL DIPLOMA/ NATIONAL DIPLOMA DEGREE ADVANCED PROGRAMME DIPLOMA Please tick where applicable) Student/License Number: At which institution are you studying? Name of the Qualification. Please indicate your year of study in 2021 (Academic Year): 1st 2nd 3 rd 4th Other	Email:							
TVET EXTENDED NATIONAL DEGREE ADVANCED DIVING MASTERS PILOT TRAINING PROGRAMME DIPLOMA DEGREE ADVANCED Please tick where applicable) Student/License Number: At which institution are you studying? Name of the Qualification. Please indicate your year of study in 2021 (Academic Year): 1st 2nd 3 rd 4th Other								
N4-N6 PROGRAMME NATIONAL DEGREE ADVANCED TRAINING Please tick where applicable) Student/License Number: State which institution are you studying? Name of the Qualification. Please indicate your year of study in 2021 (Academic Year): 1st 2nd 3 rd 4th Other	B. P	ARTICULARS C	F STUDIES FO	R WHICH YOU	WISH TO RECEIN	/E A BURSAR	ΥY	
Please tick where applicable) Situdent/License Number:					_	DIVING	MASTERS	PILOT TRAINING
Student/License Number: At which institution are you studying? Name of the Qualification			DIPLOMA					
At which institution are you studying?								
Name of the Qualification	Please ti	ck where appli	icable)					
Name of the Qualification	tudent/l	icense Numbe	r:					
Major/main subjects	t which	institution are	you studying?					
Please indicate your year of study in 2021 (Academic Year): 1st 2nd 3 rd 4th Other	lame of	the Qualificatio	on					
1st 2nd 3 rd 4th Other	/lajor/ma	ain subjects						
	Please inc	dicate your yea	r of study in 2	021 (Academic	Year):			
N4 N5 N6	1st	2nd	3 rd	4th	Other			
	N4	N5	N6]				
				J				

C. EDUCATIONAL QUALIFICATIONS (COMPULSORY)

Name of Qualification	Year obtained	Full-time / Part-time	Name of institution					
D. SCHOOL RESULTS: Provide your results in the relevant spaces below (Grade 11, June Grade 12 (if applicable) and final Grade 12 (IF APPLICABLE)								
NAME OF SUBJECT			MARKS	SCODE (EOD OFFICE LISE)				
NAIVIE OF SUBJECT		ľ	VIARKS	SCORE (FOR OFFICE USE)				
NB: CERTIFIED COPIES OF QUALIFICATIONS LISTED A		RECORDS OR C	ERTIFICATES MUST	BE ATTACHED FOR ALL				
E. OTHER BURSARIE	S, SPONSOR	S AND DONOR	S					
Do you have an existing bu	ursary?	Yes	No					
If yes, please specify:								
, and a value of the barsar	,							
F. COST OF STUDY								
Tuition fees including text	books (TOTA	AL): R						

Accommodation fees required? Yes No (Cross that which is applicable)

Tuition Cost (PLEASE	INDICATE AMOUNT OF FUNDING	REQUIRED AGAINST	EACH ACADEMIC YEAR
WHERE APPLICABLE			

1 st Year: R
2 nd Year: R
3 rd Year: R
4 th Year: R
Other: R
Accommodation: R
TOTAL COST REQUIRED: R
TOTAL COST REQUIRED: R

G. DETAILS OF PARENT/GUARDIAN (person responsible for your studies)

Title:	
Surname:	
Initials:	
Relationship:	
Postal Address:	
Residential Address:	
Postal Code:	Postal Code:
Cell phone No:	
Telephone No (h):	Telephone No (w):
Fax No:	Email:
Father's occupation	
Mother's occupation	
Guardian's occupation	

 $\label{eq:mark-sol} \textbf{Mark your father's monthly income group:}$

<r2 500<="" th=""><th>R2 501 – R5 000</th><th>>R5 000</th><th></th></r2>	R2 501 – R5 000	>R5 000	
Mark your mother	's monthly income group:		Attach a proof of
<r2 500<="" td=""><td>R2 501 – R5 000</td><td>>R5 000</td><td>income or a sworn</td></r2>	R2 501 – R5 000	>R5 000	income or a sworn
Mark your guardia	n's monthly income group:		
<r2 500<="" td=""><td>R2 501 – R5 000</td><td>>R5 000</td><td></td></r2>	R2 501 – R5 000	>R5 000	
•	•		
Number of depend	ants at tertiary institution		
Number of depend	dants still at school		

H. REQUIRED DOCUMENTS (COMPULSORY)

Please attach the certified copies of the following: (Date stamp not older than 3 months)

- Certified ID copy of applicant
- Certified ID copy/copies of (both parents or guardian)-where applicable
- Certified copies of the qualifications or certificates
- Recent academic record/results
- Private Pilot License (PPL) (Pilots only)
- Admission letter/proof of registration/proof of application to the institution (if not currently registered).
- Family income if parents are employed or affidavit if not employed
- Quotation of fees, books, accommodation etc
- Valid proof of accreditation by the relevant authority/body for study applied for (Only applicable for private institutions)

Kindly note that successful candidates will be expected to sign a bursary contract.

I. TERMS AND CONDITIONS

Read these conditions carefully, and if you agree with them, sign the declaration

- 1. The bursary is only awarded to South African citizens
- 2. The bursary will only be awarded to the fields of study indicated on Page 1 of this document.
- 3. TETA will use e-mail or SMS to communicate with prospective bursars. (Bursars will be expected to have an e-mail address and if possible a cell phone contact for SMS purposes)
- 4. People living with disabilities and from disadvantaged background are encouraged to apply

If still a minor (under the age of 18), signature of the parent or guardian Date:

J. DECLARATION

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