

OFFICE OF THE PREMIER



Bursary Application Form 2017

INTENTION

The Department bursary scheme will be focused on the skills needs of the department in relation to Human Resource utilization Capacity Development and Strategic Plan.

ELIGIBILITY FOR CONSIDERATION

Candidates must:

Employee of the Office of the Premier

**Return this application form together
With attachments to the:**

**Attention: Tebogo Maarman
Capacity Development
2nd Floor, JW Sauer Building
Private Bag X5016
KIMBERLEY 8300**

For Office Use only

Date Application Received: _____

Signature of Secretariat: _____

Signature of DTC Chairperson: _____

Date: _____

Please attach the following documents

- 1. Academic record**
- 2. Admission letter or Quotation**

(NB) Kindly note that no payment will be process for a successful candidate before signing of bursary contract

Bursary Application for 2017

Application Type

New	Renewal
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If Renewal, which year/s did you previously obtained a Bursary: _____

Application for Year of Study (tick appropriate box)

<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th
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SECTION A: APPLICANT'S PERSONAL DETAILS

Name		Surname	
Persal		ID No	
Gender		Race	
Postal address			
		Postal Code	
Physical address			
		Postal Code	
		Postal Code	
Email address		Cell	
Tel. (w)	()	Tel. (h)	()
		Fax	

SECTION B: APPLICANT'S EMPLOYMENT DETAILS

Unit		Job Title	
Directorate		Position	
Years of Services in Public Sector		Status of Employment	Contract Permanent
This service to identify critical competencies and scarce skills that you need to perform your task as			
Competencies (select with an X)	Needed	Have	Scarce Skills that relate to your Job (select with an X)
1. Strategic and Operational Planning			1. Information Technology – ICT Governance
2. Project Management			2. Information Technology – Systems Database Administration
3. Strategic Leadership			3. Research
4. Monitoring and Evaluation			

SECTION C: ACADEMIC DETAILS OF THE DEGREE FOR WHICH YOU ARE APPLYING FOR A BURSARY

Qualification Type (select with an X)	Certificate		Diploma		Degree	
Name of the course						
Name of the Institution						
Year of Study		Total Number of Modules		Total of Year Cost		

Indicate the modules in which you intend studying for this academic year (As per quotation):

Modules

First Semester		Second Semester	
Module	Cost	Module	Cost
Total		Total	

SECTION D: HOW WILL BURSARY ADDRESS SKILLS GAP

What has led to your choice of studies?

Please describe briefly how this career or studies will help you in your Job and career development in the department (OTP)

SECTION E: UNDERTAKING BY APPLICANT

I, (full name) _____ declare that the information submitted in my application is, to the best of my knowledge, complete and accurate. I agree that any willful misrepresentation will result in, the cancellation of this application and immediate repayment by me of any amounts that may be awarded to me on the basis of information provided by me in this application.

SIGNATURE OF APPLICANT _____

DATE _____

SIGNATURE OF WITNESS _____

SURNAME AND INITIALS OF
WITNESS _____

DATE _____