



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

COMPENSATION FUND EXTERNAL BURSARY APPLICATION FORM ACADEMIC YEAR 2023

Release date: 17/02/2023

A													DETAILS OF THE STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING																	
Study Programme																														
Training Institution																														
Student Number																														
Year of commencement of study																			Anticipated year of completion											
B													PARTICULARS OF APPLICANT																	
Dependent of COID Pensioner				COID Pensioner									General Youth																	
Please provide us with the COID Claim number (Applicable to COID Pensioners and Dependents)																														
Title				Surname																										
First names (in full)																														
Maiden name (if applicable)				Date of birth									Y				M				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)																														
Residential Province				GP			NW			LP			MP			FS			KZN			EC			NC			WC		
Residential 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																								



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C	PARTICULARS OF PARENT (Mother) / LEGAL GUARDIAN <i>If the parent is deceased, please attach the death certificate</i>												
Surname													
First names										Title			
ID Number (Attach a certified copy of ID)													
Residential address and postal code								Telephone number (home)		code			
										number			
								Telephone number (work)		code			
		Postal Code								number			
								COID Pensioner		Yes		No	
D	PARTICULARS OF PARENT (Father)/LEGAL GUARDIAN <i>If the parent is deceased, please attach the death certificate</i>												
Surname													
First Names													
ID Number (Attach a certified copy of ID)													
Residential address and postal code								Telephone Number (home)		code			
										number			
								Telephone Number (work)		Code			
		Postal Code								number			
								COID Pensioner		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 which I know to be false or that I 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 that I will receive a Compensation Fund bursary."</p>													
Signature of Applicant								Date					



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F	CONSENT BY PARENT (MOTHER) / LEGAL GUARDIAN / COID PENSIONER <i>(Only applicable to Dependants of COID Pensioners/ dependants of COID beneficiaries with Permanent Disability/ General Youth)</i>		
<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 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 take note that if Compensation Fund utilises personal information contrary to the Act's provisions, I may resolve any concerns with 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
G	CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN/ COID PENSIONER <i>(Only applicable to Dependants of COID Pensioners/ dependants of COID beneficiaries with Permanent Disability/ General Youth)</i>		
<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 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 take note that if Compensation Fund utilises personal information contrary to the Act's provisions, I may resolve any concerns with 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 a COID pensioner	Yes	No
Are you a dependant of a COID Pensioner/ dependant of a fatally injured worker <i>COID Pensioners, Dependants of COID Pensioners and the Dependants of Fatally Injured workers must contact the Compensation Fund Office and make them aware of the bursary application</i>	Yes	No
Have you been accepted for the qualification (s) listed on the priority list (Exemptions will only be given to the COID Pensioners, Dependants of COID Pensioners and Dependants of Fatally injured workers)	Yes	No
South African citizen	Yes	No
Fully completed application form	Yes	No
COID claim number (Applicable to COID Pensioner, Dependents of COID Pensioners and Dependents of Fatally injured workers)	Yes	No
Certified copy of Identity document	Yes	No
Grade 12 results / latest academic transcript	Yes	No
Proof of Parentship/ Guardianship by the COID Pensioners (<i>Only applicable to Dependants of COID Pensioners and Dependants of Fatally injured workers</i>) If you don't have an unabridged birth certificate as a dependant applicant, one of the following documents to confirm eligibility must be submitted. 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 The following document will not be accepted as it is subjective. i) 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
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, Unemployment Insurance Fund (UIF), Compensation Fund (CF), Rand Mutual Association, Federated Employer's Mutual Assurance 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 guardians are working as informal traders, please include an affidavit signed by them to confirm this employment	Yes	No
Proof of unemployment letter from Department of Employment and Labour / of Affidavit	Yes	No
Certification and verification of physical disability by a Health Care Professional or Disability Support Office (Applicable to other PWDs)/ WCL forms	Yes	No
Studying full-time	Yes	No
Studying Part-time (only applicable to COID Pensioners)	Yes	No

PRIORITY QUALIFICATIONS

Undergraduate:

Health Science 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, Metallurgy, Quality Control and Environmental Health qualifications.

Post Graduate:

Honours in Accounting Science - Stream: Certificate in The Theory of Accounting (CTA); MHS Chiropractic