



CRITICAL SKILLS BURSARY APPLICATION FORM															
A DETAILS OF DEGREE FOR WHICH YOU WISH TO RECEIVE FUNDING															
Degree															
University					Student Number/Application Number										
Date of commencement of study (First year)					Anticipated date of completion										
B PARTICULARS OF APPLICANT															
Title					Surname										
First names (in full)															
Maiden name (if applicable)					Date of birth (YYMMDD)										
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:											
Are you a dependent of Compensation Fund pensioner ?				Yes		No		A you a Compensation Fund pensioner ?				Yes		No	
If yes on one of the above questions provide us with the Compensation Fund pension number															
Residential address (including postal code)															
Postal address (including postal code)															
Province		GP	NW	LP	MP	FS	KZN	EC	NC	WC					
Telephone number during the day (code and number)					Cellphone Number										
E-mail address (if applicable)							Fax number (if applicable)								



C														PARTICULARS OF PARENT (Mother)/LEGAL GUARDIAN													
Surname																											
First names										Title																	
ID Number (Attach certified copy of ID)																											
Residential address and postal code				Telephone number (home)						code																	
										number																	
				Telephone number (work)						code																	
										number																	
D														PARTICULARS OF PARENT(Father)/LEGAL GUARDIAN													
Surname																											
First Names																											
ID Number (Attach certified copy of ID)																											
Residential address and postal code				Telephone Number (home)						code																	
										number																	
				Telephone Number (work)						Code																	
										number																	
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 parents/guardians, to the best of my knowledge and belief. I have submitted this information knowing that, if I wilfully stated in it anything which I know to be false or which I do not believe to be true, including any omissions, I may be declared ineligible for funding assistance. I voluntarily consent to THUTHUKA-ISFAP and/or its representative/s and/or its contractors and/or sub-contractors (THUTHUKA-ISFAP Entities) 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 THUTHUKA-ISFAP Entities may have access to my university academic results, other university maintained information, and information I voluntarily submit to Thuthuka ISFAP Entities for the purposes of monitoring and reporting on my academic progress"</p>																											
Signature of Applicant														Date													
F														CONSENT BY PARENT (MOTHER)/ LEGAL GUARDIAN													
<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 THUTHUKA-ISFAP and/or its representative/s and/or contractors and/or sub-contractors (THUTHUKA-ISFAP Entities) 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 THUTHUKA-ISFAP Entities to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (in particular, the financial and academic information) of the Applicant, where the Applicant is a minor. I understand that I and/or the Applicant may on request to THUTHUKA-</p>																											



ISFAP Entities access the collected personal information from THUTHUKA-ISFAP Entities in order to rectify any inconsistencies therein. I confirm that I am a competent person to provide this consent on behalf of the minor Applicant. I understand that failure to provide the voluntary consent to enable THUTHUKA-ISFAP Entities 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 and therefore the Applicant's eligibility for funding assistance will not be considered." I take note that if THUTHUKA ISFAP Entities utilises the personal information contrary to the provisions of the Act, I may first resolve any concerns with THUTHUKA ISFAP Entities. If I am not satisfied with the process adopted to resolve my concerns, I have the right to lodge a complaint with the Information Regulator.

I unconditionally agree to indemnify the THUTHUKA ISFAP Entities, acting in good faith in taking reasonable steps to process the personal information lawfully, against any liability that may result from the processing of the personal information. This includes unintentional disclosures of such personal information to, or access by unauthorized persons, and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information, provided to the THUTHUKA ISFAP Entities by myself or by a third party in respect of me.

Signature of Parent/Guardian		Date	
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G CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN

"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 THUTHUKA-ISFAP and/or its representative/s and/or contractors and/or sub-contractors (THUTHUKA-ISFAP Entities) processing my personal information, in particular, my financial information as defined in the *Protection of Personal Information Act 4 of 2013* 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 THUTHUKA-ISFAP Entities to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (in particular, the financial and academic information) of the Applicant, where the Applicant is a minor. I understand that I and/or the Applicant may on request to THUTHUKA-ISFAP Entities access the collected personal information from THUTHUKA-ISFAP Entities in order to rectify any inconsistencies therein. I confirm that I am a competent person to provide this consent on behalf of the minor Applicant. I understand that failure to provide the voluntary consent to enable THUTHUKA-ISFAP Entities 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 and therefore the Applicant's eligibility for funding assistance will not be considered." I take note that if THUTHUKA ISFAP Entities utilises the personal information contrary to the provisions of the Act, I may first resolve any concerns with THUTHUKA ISFAP Entities. If I am not satisfied with the process adopted to resolve my concerns, I have the right to lodge a complaint with the Information Regulator.

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Signature of Parent/Guardian		Date	
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