



**COMPENSATION FUND PRIORITY SKILLS BURSARY APPLICATION FORM 2021**

**Dependents of Compensation Fund pensioners between the ages of 17 to 25, whose parents/guardians suffered occupational injuries/ diseases are invited to apply for the bursary. The bursary is further extended to a limited number of young persons between the ages of 17 to 25. [See the last page for funded qualifications]**

A													DETAILS OF STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING												
Study Programme																									
Training Institution																									
Student Number/Application Number																									
Year of commencement of study												Anticipated year of completion													
B													PARTICULARS OF APPLICANT												
Title									Surname																
First names (in full)																									
Maiden name (if applicable)									Date of birth			Y	Y	Y	Y	M	M	D	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																				
Are you a dependent of Compensation Fund pensioner ?											Yes	No													
If yes provide us with the Compensation Fund pension number of your parent or guardian																									
Residential address (including postal code)																									
Province			GP	NW	LP	MP	FS	KZN	EC	NC	WC														
Local/ District 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																



# employment & labour

Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA

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			
		Postal 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			
		Postal 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 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 institution maintained information, and information I voluntarily submit to Compensation Fund for monitoring and reporting on my study progress. I accept and acknowledge that this application does not guarantee that I will receive Compensation Fund bursary"</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 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 Compensation Fund 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</p>													



# employment & labour

Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA

Applicant may on request to Compensation Fund access the collected personal information 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 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 and therefore the Applicant's eligibility for funding assistance will not be considered." I take note that if Compensation Fund utilises the personal information contrary to the provisions of the Act, I may first resolve any concerns with Compensation Fund. If I am not satisfied with the process adopted to address my concerns, I have the right to lodge a complaint with the Fund.

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 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 Compensation Fund by myself or by a third party in respect of me."

Signature of Parent/Guardian		Date	
------------------------------	--	------	--

### 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 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 *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 Compensation Fund 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 Compensation Fund access the collected personal information 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 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 and therefore the Applicant's eligibility for funding assistance will not be considered." I take note that if Compensation Fund utilises the personal information contrary to the provisions of the Act, I may first resolve any concerns with Compensation Fund. If I am not satisfied with the process adopted to resolve my concerns, I have the right to lodge a complaint with the Fund.

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 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 Compensation Fund by myself or by a third party in respect of me."

Signature of Parent/Guardian		Date	
------------------------------	--	------	--

### H FOR OFFICE USE

<b>Captured by:</b>	<b>Date Captured:</b>		
---------------------	-----------------------	--	--

<b>Eligibility Status (please tick (√))</b>	Suitable	Pending	Not Suitable
---	----------	---------	--------------

Comments:

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------



# employment & labour

Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA

For us 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)	
	Yes	No
First-year students in 2021 (Applicable only to young people other than dependents of CF pensioners)	Yes	No
Accepted for the qualification (s) listed on the priority list	Yes	No
South African citizens	Yes	No
Fully completed application form	Yes	No
Tuition fees Quotation	Yes	No
Prescribed Learning Resources Quotation (If available)	Yes	No
Proof of residence	Yes	No
Compensation Fund pension number in case of dependents of CF Pensioners	Yes	No
Certified copies of Identity documents/ unabridged birth certificate of the applicant	Yes	No
Parent(s) or guardians' Identity document	Yes	No
If either of your parents is deceased, please provide a certified copy of the death certificate	Yes	No
Grade 12 June results/ latest academic transcript	Yes	No
Proof of acceptance / preliminary acceptance from public Post School Education and Training (PSET)	Yes	No
Combined household income between R0 and R600 000	Yes	No
Proof of income (applicable to general youth but not dependents of CF Pensioners) Certified or official copy of the latest pay slip, three months' bank statement 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), 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 guardian is working as an informal trader, 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 for PWDs	Yes	No
Certification and verification of physical disability by a Health Care Professional or Disability Support Office (Applicable to other PWDs).	Yes	No
Studying full-time	Yes	No



## FUNDED QUALIFICATIONS

<b>PRIORITY QUALIFICATIONS FOR THE YOUNG PEOPLE (17 – 25 YEARS OF AGE)</b>
1. Accounting Science/ BCom (honours) in Accounting/ CTA
2. Health Professional and related clinical science (MBCHB, Urology, Oncology, Dentist, Pharmacist, Radiography, Nursing, Medical Science, Occupational Therapy, Physiotherapy, Medical Orthotics and Prosthetics)
3. Actuarial Science and Financial Mathematics
4. Mathematical Science/ Statistics/ Data Science
5. Bachelor of Science in Computer Science and Informatics/ Information Technology (Specialising with artificial intelligence/machine learning/ data science & analytics/ data engineering/ Cyber security/ Cloud Computing/ Internet of Things (IoT)/ Quantum Computing/ robotics/ Software engineering/ Computer networks)
6. Risk Management and Forensic Science

<b>PRIORITY QUALIFICATIONS FOR DEPENDENTS OF CF PENSIONERS</b>
1. Information Technology / Computer Science / Informatics/ System Development (Specialising with artificial intelligence/machine learning/ data science & analytics/ data engineering/ Cyber security/ Cloud Computing/ Internet of Things (IoT)/ Quantum Computing/ robotics/ Software engineering/ Computer networks)
2. Health Professional and related clinical science: (MBCHB, Urology, Oncology, Dentist, Pharmacist, Radiography, Nursing, Advanced Paramedic ,Audiologists, Occupational Therapy, Physiotherapy, Medical Orthotics and Prosthetics, Vascular technology)
3. Engineering (Chemical, civil, electrical, mechanical, mechatronics, design and development, production and process)
4. Actuarial Science/ Mathematical Science/ Statistics/ Data Science
5. Accounting Science/ Honours BCom Accounting/ CTA
6. Economic Science
7. Architectures/ Town Planning/ Construction Management/ Quantity Surveyor
8. Aeronautical Engineering/ Aerospace Control /Aviation
9. Agriculture
10. Analytical Chemistry/ Biochemistry / Biotechnology/Microbiologist
11. Clinical/ Industrial Psychology
12. Risk Management/ Risk Management and Forensic Science
13. Food and Beverage technician/ Hospitality/Food & Beverage/ Culinary
14. Geo- Informatics / Geophysics / Geology/ Geology/ Geo informatics
15. Graphic (Communication) Design
16. Quality control and planning/ Quality Assurance and regulatory/ Environmental Health
17. Marine / Maritime Studies
18. Operations Management/ Industrial Engineering/ Production Management/ Supply Chain Management
19. Teaching ( Mathematics, Science, Information Communications Technology and Early Childhood Development)
20. Water Science and Technology