

Bursary Agreement (Employed Learners)

Project Name:

Academic Programmes *(Please tick the applicable box)*

Academic Programmes NQF 10 – Doctorates/PhD

Academic Programmes NQF 9 - Masters

Academic Programmes NQF 8 – MBA

Academic Programmes NQF 8 – Post Graduate Diploma

Academic Programmes NQF 8 – Honours

Academic Programmes NQF 7 – Bachelor's degrees & Advanced Diplomas

Academic Programmes NQF 6 – National Diplomas and Advanced Certificates

Academic Programmes NQF 5 – Higher Certificates and Advanced National Certificates (Vocational)

Academic Programmes NQF 4 _ Certificate FET (Private and Public)

Other (Please Specify)

This Agreement is entered into between:

Employer registered name _____

(Hereafter referred to as the Employer)

(Skills Development Levy Number _____)

and

Bursary Learner full name and surname: _____

(Hereafter referred to as the Bursar)

Identity Number: _____

for the following period

Number of Months

From.....to.....

Bursary (Academic) Qualification Name:

(Please provide official qualification name in full)

Institution Name:

Learner Site:

(Compulsory) Supporting documents to be attached:

1. Clear certified copy of ID/Smart Card double sided (Not older than 6 months)
2. Certified copy of Highest Qualification and confirmation of employment
3. Proof of Registration/Admission

NB: Please ensure that the learner agreement is completed fully and correctly. The code N/A must be used to complete sections where information required is not applicable to the applicant.

FOR SETA USE ONLY:

Bursar Details:

(Person on Indicum)

Identity Number:

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Alternate ID Type:

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Title:			
First Name:			
Middle Name:			
Surname:		Initials	
Date of Birth:			
Gender:			
Equity:			
Disability:			
Home Language:			
Nationality:			
Citizen Residential Status:			
Telephone Number:			
Cell Phone Number:			
Fax Number:			
E Mail:			
Physical Code			
Physical Address 1			
Physical Address 2			
Physical Address 3			
Physical Municipality:			
Physical District:			
Physical Urban Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	
Physical Province:			
Postal Code:			

Initials	
Employer	
Bursar	

Postal Address Line 1		
Postal Address Line 2		
Postal Address Line 3		
Postal Municipality:		
Postal District:		
Postal Urban Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural
Postal Province:		
BURSARY (ACADEMIC PROGRAMMES)		
SAQA Qualification ID:		
SAQA Qualification Title:		
Employer Levy Number:		
Employer Trade Name:		
Employer Legal Name:		
Bursary Type:	New Bursary <input type="checkbox"/>	Continued Bursary <input type="checkbox"/>
TVET:		
HET:		
Contract Number:		
Qualification Type:	Advanced Certificate <input type="checkbox"/>	Advanced Diploma <input type="checkbox"/>
	Bachelor Honors Degree <input type="checkbox"/>	Bachelor's Degree <input type="checkbox"/>
	Certificate <input type="checkbox"/>	Diploma <input type="checkbox"/>
	Higher Certificate <input type="checkbox"/>	Master's Degree <input type="checkbox"/>
	Postgraduate Diploma <input type="checkbox"/>	Doctors Degree <input type="checkbox"/>
Qualification Title:		
NQF Level:		
Year of Study:		
Commencement Date:		
Completion Date:		
Institution Type:	Private <input type="checkbox"/>	Public <input type="checkbox"/>
Institution's Accreditation Number:		

Initials	
Employer	
Bursar	

Signed at _____ on this _____ day of _____ 20 ____

Bursar Name		Signature		Date	
Employer		Signature		Date	
Witness 1 (Name)		Signature		Date	
Witness 2 (Name)		Signature		Date	

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FOR OFFICE USE ONLY

Bursary Agreement Details captured on (MIS)	YES		NO	
Signature (Provincial Manager)				

Initials	
Employer	
Bursar	

SETMIS LEARNER ADDITIONAL INFORMATION FORM

1. LEARNER DETAILS

Surname: _____

First Names: _____

ID Number: _____

Place of Birth: _____

Area Code: _____

2. PREVIOUS SCHOOL ATTENDED

Name of Last School Attended: _____

School Address: _____

Highest Level/Grade Obtained: _____

Year Obtained: _____

3. ORGANISATION DETAILS

Employer Name _____

Employer Website _____

Employer Address and GPS Coordinates _____

Area Code _____ GPS Coordinates _____

Employer Contact Number _____

Name & Surname of Contact Person _____

4. TRAINING PROVIDER DETAILS

Provider Name _____

Accreditation Number _____ Primary SETA _____

Provider Website _____ Provider Contact Number _____

Provider Address and GPS Coordinates _____

Area Code _____ GPS Coordinates _____

Initials	
Employer	
Bursar	

5. DECLARATION AND CONSENT TO PROCESS INFORMATION IN TERMS OF THE POPI ACT

5.1 PROTECTION OF PERSONAL INFORMATION

The W&RSETA is committed to protecting and promoting the privacy of Personal Information of learners that take part in W&RSETA programmes and any other individuals or organizations that the W&RSETA engages with; to give effect to an individual or company's constitutional right to privacy; and to fulfil its obligations under the Protection of Personal Information (POPI) Act No 4 of 2013.

The W&RSETA is also committed in ensuring that Personal Information provided by persons taking part in W&RSETA programmes will not be processed for purposes prohibited by POPI Act and/or the principles contained in POPI. Where provision of information of W&RSETA programmes participants is required by national departments e.g. the Department of Higher Education and Training, the W&RSETA will ensure that such information is processed in compliance with the provisions of the POPI Act.

Participants in W&RSETA programmes are requested to ensure that the information provided is complete and accurate as incorrect information may cause delays with programme implementation.

5.2 CONSENT BY LEARNER

I _____ declare that all information provided herein is complete and correct. I further acknowledge that I understand the purposes for which it is required and for which it will be used and agree to my personal data being processed as required.

Signature of Learner

Date

Name and Surname of Guardian/Parent (If Learner is a Minor i.e. less than eighteen (18) years)

Signature of Guardian/ Parent

Date

Initials	
Employer	
Bursar	