



**GDE BURSARY APPLICATION FORM (2024/2025)**

**Section A**

1	Surname			
2	Full Names			
3	Persal No.			
4	ID No.			
5	Gender			
6	Race			
7	Disability	Yes	No	
8	Type of Disability	Nature	Severity	Tick
		Seeing		
		Hearing		
		Communicating		
		Walking		
		Remembering		
		Self-care		
9	Are you PS\CS School or Office Based	<b>CS School Based Educator</b>		
10	District where employed (e.g ES\GE\GW)			
11	Name of school were employed			
12	Post Level educators and Phase (P1, P2, P3 and P4)	Post Level (e.g PL1)	Phase (e.g FP)	Grade (e.g Gr 1)
13	School Telephone Number			
14	Cell No.			
15	E-mail Address			
16	Job Title			
17	Brief <b>Key job functions</b> (Not more than 5) NB. For selection committee to determine <b>relevance of intended study program to your current job.</b>	1.		
		2.		
		3.		
		4.		
		5.		

18	Principal's name and surname		
19	Principal's Tel and Cell No.		
20	<b>Highest Qualification</b> (See attached Certificate & academic record)		
21	Majors (Subject 1) Research Topic		
	Majors (Subject 2) Research Topic		
23	<b>Qualification intending to register</b> <b>(Choice 1 and 2 (e.g B Ed Honors in Curriculum Studies/ Masters or PhD )</b>		
24	Preferred Institution <b>(Unisa, UJ, UP, NWU, UFS, WITS and TUT)</b>		
25	Are you currently a GDE Bursary holder	Yes	No
26	Are you a previous bursary holder	Yes	No
27	If yes have you completed your service obligation or repayments in terms of the previous bursary contract	Yes	No
28	Provide year of completion of contract obligation		

**SECTION B: TESTIMONY BY THE APPLICANT**

I \_\_\_\_\_ Persal No \_\_\_\_\_  
 Hereby testify that the above provided information is true and correct. I am aware that falsified information and or documents will disqualify me from the bursary process and that I might be charged with misconduct for falsifying records.

Signature of the Applicant \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ (Principal / Cluster Leader) declare that the application in the chosen field of study for Mr/Ms \_\_\_\_\_ is in line with the developmental needs as identified through the Quality Management Systems.

Signature of the Principal/ Cluster Leader: \_\_\_\_\_  
 (In support of the chosen study program)

Date: \_\_\_\_\_

SCHOOL STAMP

**SECTION C: RECOMMENDATION FOR DEVIATION**

I \_\_\_\_\_ Persal No \_\_\_\_\_

Principal of the bursary applicant, having discussed career pathing options of the applicant and or the succession planning for the sub-directorate /directorate, hereby grant permission for the applicant to study the above requested course even though it is not in line with the current post functions.

Signature of the Principal \_\_\_\_\_

Date: \_\_\_\_\_

<b>SCHOOL STAMP</b>

**SECTION D: FOR OFFICE USE ONLY**

<b>APPROVED</b>	<b>NOT APPROVED</b>

<b>Funding Institution</b>	<b>GDE</b>						
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Surname and Name of Approving Official \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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