



SKILLS PROGRAMME APPLICATION FORM FOR 2022 ACADEMIC YEAR

SECTION A: BIOGRAPHICAL AND WORK INFORMATION

1. **TITLE:** *Mr. / Ms / Adv / DR / Prof:* _____
2. **SURNAME:** _____
3. **FIRST NAMES:** _____
4. **IDENTITY NUMBER:** _____
5. **TEL:** _____ **AND CELL NO:** _____
6. **WORK EMAIL:** _____ **AND OR**
ALTERNATIVE EMAIL: _____
7. **RACE** (required in line with Employment Equity Act) (Mark with an "X" in the appropriate box)

AFRICAN	INDIAN	WHITE	COLOURED
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8. **GENDER** (required in line with Employment Equity Act) (Mark with an "X" in the appropriate box)

MALE	FEMALE
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9. **PRESENT POSTAL ADDRESS:** _____

10. **DATE OF APPOINTMENT (in the Public Service):** _____

20. TOTAL COST OF ENTIRE PROGRAMME R _____

21. MAJOR SUBJECTS/COURSES TO BE ENROLLED IN 2022

NAME OF MAJOR SUBJECT/COURSE	SUBJECT/COURSE CODE

22. COST PER SUBJECT/COURSE FOR WHICH YOU INTEND TO ENROLL IN 2022

NAME OF SUBJECT/COURSE	TUITION COSTS	PRESCRIBED BOOKS COSTS
TOTAL	R	R

23. TOTAL OF ALL COSTS FOR 2022: _____

SECTION C: INFORMATION ON PREVIOUSLY AWARDED PUBLIC SERVICE BURSARIES/ SKILLS PROGRAMME

24. ARE YOU AT PRESENT STUDYING WITH A PUBLIC SERVICE BURSARY? (Mark with an "X" in the appropriate box)

YES	NO
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If YES STATE NAME OF INSTITUTION _____

25. HAVE YOU PREVIOUSLY RECEIVED A PUBLIC SERVICE BURSARY / SKILLS PROGRAMME?

YES	NO
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30. RECOMMENDATION BY SUPERVISOR (DP / CM or delegated official)

I hereby declare that the proposed studies / training of the applicant are appropriate for the College and the applicant's career path.

Name: _____

Position: _____

Signature: _____

Date: _____

31. RECOMMENDATION BY HEAD OF UNIT OR DELEGATED OFFICIAL

Recommendation SUPPORTED / NOT SUPPORTED / AMENDED

Name: _____

Position: _____

Signature: _____

Date: _____

END.....END.....END