

# **INSTRUCTIONS**

1. Please read carefully before completing, signing or submitting this agreement
2. Complete ALL information on this agreement using black ink
3. Complete in BLOCK LETTERS
4. Ensure that this agreement is signed by all parties and initialled on each page
5. An agreement with incomplete or incorrect information will automatically be disqualified
6. Completed agreement should be submitted to the relevant ETDP SETA
7. No erasure is permitted on this agreement
8. The following documents MUST be attached:

* A certified ORIGINAL copy of a valid proof of identification (i.e. Identity Document/Driver’s Licence)
* A certified ORIGINAL of copy of highest qualification (where applicable)
* Proof of employment (This is only applicable for the employed beneficiaries)

# **DISCLOSURE OF PERSONAL INFORMATION**

Information provided will solely be used for the ETDP SETA reporting purposes and will not be provided to the third party without the prior consent of the beneficiary. The ETDP SETA commits to handle the beneficiary personal information in accordance with the provisions of the POPI Act.

# **INDEMINITY**

Upon signature of this agreement the training provider and beneficiary shall indemnify and hold harmless the SETA, its officers, employees and agents from and against any loss (including legal costs and expenses) or liability incurred or suffered by any person arising from any claim, demand, action or proceeding by any person where such loss or liability was caused by a willful, unlawful or negligent act or omission of the training provider, its employees, agents or subcontractors.

# **Section A: Background Information**

The purpose of this Agreement is to:

* Ensure that the provisions and prescripts of the ETDP SETA Bursary Fund are binding to the Bursar and the ETDP SETA; and
* Ensure that the ETDP SETA Bursary Fund is administered and implemented as a planned, structured, coordinated and managed programme that seeks to provide eligible students with funding to access higher education.

# **Bursary Objectives**

In partnership with participating employers and training providers/institutions, the ETDP SETA Bursary Fund seeks to, amongst others, achieve the following two primary objectives:

To grant access to occupationally-directed programmes in intermediate and higher-level skills.

To contribute in the development of an educated, skilled and capable workforce for inclusive growth path; including self-employment.

# **2. Definitions**

2.1 “**Agreement**” refers to this Bursary Agreement which is legally binding to both the parties.

2.2 A “**Bursar**”, for the purpose of this Agreement, is anyone who has been awarded an ETDP SETA bursary to pursue post school education and training in intermediate and higher-level skills.

2.3 “ **Institution/Training Provider**”, for the purpose of this Agreement, is a recognised post school education and training institution at the which the ETDP SETA bursary recipient is enrolled to pursue post school education and training in intermediate and higher level skills.

# **3. Eligibility**

3.1 Needy students who have been admitted to study at a recognised Post School Education Institution (PSET).

3.2 Preference is given to students who are South African citizens.

**Section B: Beneficiary personal information and Employer Information**

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| **BENEFICIARY PERSONAL INFORMATION (This section must be completed by the programme beneficiary)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | |  |  |  | Initials | | |  |  |  |  | Identification Number | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | Alternative ID Type | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Name | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Middle Name | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date of Birth | | | | **Y** | **Y** | **M** | **M** | **D** | **D** | Age | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Occupation | | | | **(** | **I** | **F** |  | **A** | **P** | **P** | **L** | **I** | **C** | **A** | **B** | **L** | **E** | **)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | Mobile Number | | | | |  |  |  |  |  |  |  |  |  |  |  |  | Fax | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name and Surname of Next of Kin | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Telephone/ Mobile Number | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Learner Race (Mark the correct box with an X)** | | | | | | | | | | | | African | | |  | Coloured | | |  | Indian | | |  | White | | |  | Home Language | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Gender** | | | Male | |  | Female | | |  | **Are you disabled?** | | | | | | Yes | |  | No | |  | If *Yes* - state nature of disability below | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Seeing** | | | Yes | |  | No | |  | **Hearing** | | | Yes | |  | No | |  | **Walking** | | | Yes | |  | No | |  | **Remembering** | | | | | Yes | |  | No | |  | **S.A. Citizenship** | | | | | Yes | |  | No | |  |  |
| If you choose *No*, state country of birth | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of province where you last attended school | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of last school attended | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Last school year | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of area where the learner resides | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of province where training is taking place | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of District Municipality | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Rural** | |  | **Urban** | | |  | **Peri-Urban** | | | |  |  |
| Name of Local Municipality | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | | |  |  | | | |  |  |
| Physical Address: House No./Stand No. | | | | | | | | | |  |  |  |  |  |  |  | Street Name | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Suburb/Village/Township | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of City/Town/Tribal Authority | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Area Code | | | |  |  |  |  |  |
| Postal Address (If different from above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Private Bag/P.O. Box Number) | | | | | | | |  |  |  |  |  |  | Name of City/Town/Tribal Authority | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Details of current studies for which the bursary is awarded:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name of qualification | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Duration of the qualification | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nature of qualification (Please tick) | | | | | | | | | | | | Degree | | | | |  | Diploma | | | | | |  | Certificate | | | | | |  | Other | | | | |  |
| Name of Institution | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If currently studying, indicate the year of study (Please tick) | | | | | | | | | | | | | | |  | First Year | | | | |  | Second Year | | | | | |  | Third Year | | | | |  | Fourth Year | | | | |  | Other (Specify) | | | | |  |
| Student number | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Major Subjects/Electives | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Post Matric Qualifications (If applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name of highest qualification |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nature of qualification obtained (Please tick) | | | | |  | Degree | | | |  | Diploma | | | | |  | Certificate | | | | | |  | Other (Specify) | | | | | |  |
| Name of Institution |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **EMPLOYER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**4. Roles and Responsibilities of the Bursar**

### 4.1.2 To apply himself/herself diligently and conscientiously in pursuit of his/her studies for the aforementioned qualification;

### 4.1.3 To observe and comply with all relevant and applicable regulations of the learning institution;

### 4.1.4 Not to accept any other bursary, grant or other form of financial assistance without the prior written approval of the ETDP SETA; and

### 4.1.5 To notify the ETDP SETA should he/she at any time cease to be a South African citizen in terms of the South African Citizen Act, No 88 of 1995.

# **5. Roles and Responsibilities of the ETDP SETA**

5.1 The ETDP SETA undertakes:

5.1.1 To award a bursary to the Bursar who accepts the award subject to the provisions contained in this agreement;

5.1.2. Subject to 5.1.1 the ETDP SETA will pay to the educational institution/training provider on the Bursar’s behalf an amount as determined by the ETDP SETA Grant Disbursement Policy;

5.1.3 Notwithstanding 5.1.2 above, no payments will be made by the ETDP SETA to, or on behalf of the Bursar, unless the Bursar has returned this Agreement properly signed and completed by the Bursar and his/her guardian (where applicable) together with an invoice/statement of account from the institution/training provider; and

5.1.4 Payment by the ETDP SETA in terms of this, Agreement shall only be made to the appropriate institution/training provider as determined by the ETDP SETA on presentation of a valid invoice/statement of account from the said institution/training provider.

# **Conditions for bursary renewal**

6.1. The Bursary is granted for a period of one academic year and shall, thereafter, be renewable at the discretion of the ETDP SETA;

6.2. At the end of each academic year the Bursar must submit his/her academic progress report to the ETDP SETA;

6.3 Successful completion of the programme/courses registered for the qualification approved by the ETDP SETA;

6.3. Financial affordability of the ETDP SETA; and

6.4 Renewal is not automatic and a re-application must be submitted to the ETDP SETA.

# **Dispute Resolution**

## 7.1 A dispute contemplated herein shall then be referred to an arbitrator nominated by consent of the parties or in the absence of such consent, the Arbitration Foundation of South Africa; and

## 7.2 Despite any other provision reflected in this agreement, the Parties to this agreement may agree to institute legal proceedings in court.

8. Breach and Cancellation

Notwithstanding the provisions above, and in the event of breach;

8.1 Either party, shall, without prejudice to any rights it may have in law, be entitled to cancel this agreement, by written notice to the other party, in the event of a breach of any provision of this agreement and failure to rectify the breach within 7 (seven) days’ notice of the breach.

8.2 Such breach by the Bursar will include but not be limited to:

8.2.1 failure by the Bursar to comply with its obligations in terms of this agreement;

8.2.2 refusal of the Bursar to comply with instructions or requests by the SETA in terms of this agreement; and

8.2.3 any engagement by the Bursar in corrupt or fraudulent practices in competing or executing this agreement.

# **SECTION C: Signatures of parties**

**The Skills Programme Grant Beneficiary**

By signature hereof, the skills programme grant beneficiary declares inter alia, the following:

* that he/she has read the contents of this Agreement and that he/she fully understands all conditions thereof.
* that he/she is not a recipient of any other bursary or financial assistance

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| Beneficiary Signature: | | | | | |  | | | | | | | | |  | Parent/Guardian Signature *(Only applicable if a beneficiary is under 18 years of age)* | | | | | |  | | | | | |
|  |  |  |  |  | |  |  | |  |  |  |  |
| Date | | M | M | **/** | | D | D | **/** | | | Y | Y | Y | Y |  | Date | | M | M | **/** | D | D | **/** | Y | Y | Y | Y |
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| Witness Signature: | | | | | |  | | | | | | | | |  | Witness Signature: | | | | | |  | | | | | |
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| Employer Signature (This is only applicable to the employed beneficiaries) | | | | | | | | | | | | | | |  | Institution/Training Provider Signature (if applicable) | | | | | | | | | | | |
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| Witness Signature: | | | | | |  | | | | | | | | |  | Witness Signature: | | | | | |  | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The ETDP SETA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thus done and signed on behalf of the ETDP SETA at | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| On this |  |  | Day of | | |  |  |  |  |  |  |  |  |  |  |  |  | 2 | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| duly represented by: (full name) | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| in his/her capacity as the | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | duly authorised thereto | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ETDP designated Official Signature | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Witness Full Name | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Witness Signature | | | |  | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |