

Department: Employment and Labour REPUBLIC OF SOUTH AFRICA

COMPENSATION FUND EXTERNAL BURSARY APPLICATION FORM ACADEMIC YEAR 2024															
The Compensation Fund is inviting unemployed COID beneficiaries with a permanent disablement (PWD)															
due to occupational injuries/diseases, dependants of COID beneficiaries with a permanent disablement															
and depe	and dependants of fatally injured employees to apply for the Compensation Fund Bursary opportunity.														
Α	A DETAILS OF THE STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING														
Study Programme															
Training In	stitution														
Student Nu	ımber / Appli	cation Nun	nber	ber											
Year of cor	nmencemen	t of study		Anticipated year of completion											
В				-	P/	ARTICUL	ARS OF	APPLI	CANT						
	of COID nanent disab			Unemployed COID beneficiaries with a permanent disablement (PWD) who suffered occupational injuries/diseases											
COID Pens	ion Adminis	trator		ompens	mpensation Rand nd Assu			Mutual ance			Federated Employers Mutual Assurance				
Please pro Pension Nu	vide us with umber	the COID C	laim nu	imber /			X								
Title				Surname											
First names (in full)	5														
Maiden nar applicable)	ne (if					Date o	fbirth	Υ	Υ	Υ	Υ	M	M	D	D
Identity number (attach certified copy of ID)										•					
Home language						-					Male	e	Fei	male	
African			Colou	ured	ed			Indian				White			
Marital stat	us						Citizer	nship							
Do you have a disability?		Yes	No	Туре	of disabi	lity			I						
Residential	Residential address														
(including postal code) Province		G	2	NW	LP	MP		FS	KZI	N	EC	NC		WC	
Local/ District Municipality										_					
Postal address															
(including postal code)														Postal	Code
Telephone number during the day (code and number)								Cellpl Numb							
E-mail address (if applicable)								Alterr Numb							





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С		PAR	TICUL	ARS O	F PAR	ENT (M	other)	/ LEGA	L GUARDIA	N				
Surname														
First names										Title				
ID Number (Attach a certified copy of	ID)												
Residential code	address and postal							Teler	ohone	code	1		1	
							num	number (home)		number				
		Postal Telephone number (wo					Tolor	Tolonhono						
								⁽⁾ number						
		COID beneficiary with a permanent disablement						Yes		No				
D		PA							L GUARDI	AN		L		
Surname														
First Names							-							
	Attach a certified copy of	ID)												
Residential	address and postal	,									1			
code								Telephone Number (home)						
						(ho	ber							
							Telephone Number							
		Postal Code					(work)		ber					
								nent di	sablement	Yes		No		
E					T BY A	-					<u> </u>			
to the best o believe to be and/or its re education in funding assis and informa	signed, declare that the inf f my knowledge and belief true, including any omission presentative/s and/or its con- formation) as defined in the stance. I agree that Compe- tion that I voluntarily sub- te that this application does	. I have sub ons, I may b ontractors a ne <i>Protectio</i> nsation Fthe mit to the	mitted e decla nd/or s n of Pe e und m Compe	this inf ared ine sub-cor ersonal nay hav ensation	ormatic eligible f ntractor <i>Informa</i> /e acces n Fund	on know for fund s proce ation A ss to my for mo	ing that ing ass ssing r ct 4 of study onitorin	t if I wilf istance ny pers 2 <i>013</i> fo results; g and i	fully stated . I voluntaril onal inform or the purpo other training reporting on	anything y conser ation (in se/s of a ng institu	I kno it to ti parti isses tions	bw to be fall the Compen cular, my fi sing my ap maintained	se or do sation F nancial plicatior informa	inot und and for ation
Signature of	Applicant						1	Date						
F	CONSENT BY PAREN		R)/LE	GAL G	UARD	AN / C		NEFIC	IARY WITH	A PERN	IANE	NT DISABI	EMEN	Г
Compensation my financial (including, bi government eligibility for and academ information of on behalf of personal info information) result in this not be consi	signed, declare that the inf on Fund and/or its represe information as defined in t ut not limited to banking ins departments) for the purpo funding assistance. The a ic information), where the on request to the Compens the minor Applicant. I un- ormation (in particular, my will application for funding ass dered." I note that if the C h the Compensation Fund.	entative/s ar the Protection stitutions, in- ses/s of com- bove volunt e Applicant sation Fund derstand th financial in sistance bei Compensati	nd/or cc on of P surance ducting ary cor is a m to recti at failu formati	ontracto ersona e comp the fin- nsent a inor. I fy any re to p on) an arded a	ors and, I Inform panies, o ancial n also exte unders inconsis provide d the A as incor	/or sub- nation A credit b neans trends to tand th stencies volunta .pplican	contra ct 4 of ureaus est to e the pe at 1 an therei ry cons t's pers	ctors pr 2013 so , Depar nable the rsonal i d/or the n. I con sent to sonal in ore, the	ocessing m ourced from tment of Ho ne Compen- information e Applicant firm that I a enable the formation (i e Applicant's	y persor various me Affai sation Fu (particula may aco m compor Comper n particu	nal in finar rs, S ind to arly t cess etent isatio ilar, f y for	formation, i hocial sector ARS, SASS assess the he Applicar the collectic to provide t in Fund to inancial an funding ass	n particupa participa A and o Applica ot's finar ed perso this cons process d acade sistance	ular, ants ther ant's ncial onal sent my emic





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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 processing the personal information. This includes unintentional disclosures of such personal information to or access by unauthorised 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/ COID BENEFICIARY WITH A PERMANENT DISABLEMENT							
Compensa my financi (including, governme eligibility fi and acade informatio on behalf personal i informatio result in th not be con concerns I unconditi lawfully, ay informatio	ation Fund and/or its representa- ial information as defined in the , but not limited to banking instit nt departments) for the purpose or funding assistance. The abo emic information), where the A n on request to the Compensati of the minor Applicant. I unde nformation (in particular, my fir n) will nis application for funding assis nsidered." I note that if the Co- with the Compensation Fund.	ative/s and/or contractors an Protection of Personal Info utions, insurance companie: /s of conducting the financia we voluntary consent also e upplicant is a minor. I unde on Fund to rectify any incor- rstand that failure to provid nancial information) and the tance being regarded as incompensation Fund utilises p ompensation Fund, acting in lt from processing the person persons and/or any reliance of the source of the source of the source of the source of the source of the tance of the source of the	nd/or sub-conti rmation Act 4 s, credit bureau I means test to xtends to the prstand that 1 isistencies their e voluntary co Applicant's per complete. There ersonal inform good faith in ta anal information which may inac	ractors processin of 2013 sourced us, Department of personal informa and/or the Appli- rein. I confirm the insent to enable ersonal informati efore, the Applic ation contrary to king reasonable . This includes u livertently be place	ge and belief. I voluntarily consent to the ng my personal information, in particular, from various financial sector participants of Home Affairs, SARS, SASSA and other opensation Fund to assess the Applicant's tition (particularly the Applicant's financial cant may access the collected personal at I am competent to provide this consent the Compensation Fund to process my on (in particular, financial and academic cant's eligibility for funding assistance will the Act's provisions, I may resolve any steps to process the personal information unintentional disclosures of such personal red on inaccurate, misleading, or outdated ne."				
Signature	of Parent / Guardian			Date					
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Capture	l ed by:		Date Captured:						
Eligibili [.] (√)	ty Status (please tick	Suitable		Pending	Not Suitable				
Comments:									
Signatu	ire:		Date:						





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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.		ecklist (Cross applicable)
Are you an unemployed COID beneficiary with a permanent disablement who suffered occupational injuries/diseases	Yes	No
Are you a dependant of a COID beneficiary with a permanent disablement who suffered occupational injuries/diseases	Yes	No
Are you a dependant of a fatally injured employee	Yes	No
Tuition fee quotation where applicable	Yes	No
Prescribed Learning Resources Quotation (If available)	Yes	No
Certified copy of Identity document / unabridged birth certificate of the Applicant showing details of the COID beneficiaries with a permanent disablement who suffered occupational injuries/diseases/ Fatally injured employees	Yes	No
If you don't have an unabridged birth certificate as a dependant applicant, one of the following documents to confirm eligibility must be submitted		
 a) Proof of Legal Guardianship from the Children's court or b) Family court order to confirm the dependency on the injured worker or c) Forster care confirmation from the Social Worker approved by the district surgeon or d) Maintenance order or e) Paternity tests and f) Any relevant authoritative document 		
The following document will not be accepted as it is subjective.		
i) Affidavit/ Sworn Statements		
Parent(s) or guardians' Identity document (certified)	Yes	No
Proof of acceptance from public Post School Education and Training (PSET) or Higher Education Institution (HEI)	Yes	No
Proof of unemployment letter from Department of Employment and Labour / of Affidavit (Applicable to unemployed COID beneficiaries with a permanent disablement who suffered occupational injuries/diseases applying for bursaries)	Yes	No
WCL forms/Certification and verification of physical disability by a Health Care Professional or Disability Support Office	Yes	No
Studying full-time	Yes	No
If either of your parents is deceased, please provide a certified copy of the death certificate	Yes	No
Studying Part-time (only applicable to Persons with Disabilities)	Yes	No
Fully completed application form	Yes	No
COID claim/ COID Pension number	Yes	No
Pre-entry assessment (Applicable to candidates who exited the mainstream schooling system at Grade 9, have a General Education Certificate (GEC) and have the potential to excel in this programme).	Yes	No





PRIORITISED FUNDED QUALIFICATIONS

RECOMMENDED PRIORITY QUALIFICATIONS FOR THE DEPENDANTS OF COID BENEFICIARIES WITH A PERMANENT

DISABLEMENT (17 - 35 YEARS OF AGE)

(However, not restricted to the list)

1.	Health and clinical science, Accounting Science,
2.	Economic Science, Actuarial Science
3.	Financial Mathematics
4.	Mathematical Science/ Statistics
5.	Data Science
6.	Risk Management and Forensic Science
7.	Information Technology / Computer Science (Specialising with informatics/ system development /artificial intelligence/machine learning/ data science & analytics/ data engineering/ Cyber security/ Cloud Computing/ Internet of Things (IoT)/ Quantum Computing/ robotics/ Software engineering/ Computer networks),
8.	Engineering (including Chemical, civil, electrical, mechanical, mechatronics, design and development, production and process),
9.	Architectures
10.	Aeronautical Engineering/ Aerospace Control /Aviation
11.	Agriculture
12.	Culinary
13.	Graphic Design/ Digital Marketing/ Brand Communication or Management/ Digital design/ Film and Production/Animation
14.	Environmental Health, Teaching (Mathematics, Science, Information Communications Technology and Early Childhood Development)
15.	Apprenticeship Qualification (The apprenticeship opportunity is extended to capable candidates who exited the mainstream schooling system at Grade 9, have a General Education Certificate (GEC) and have the potential to excel in this programme). Pre-entry assessment outcomes must be attached.

(not restricted to the list)

PRIORITY QUALIFICATIONS FOR UNEMPLOYED COID BENEFICIARIES WITH A PERMANENT DISABLEMENT (PWD)

Unemployed COID beneficiaries with Permanent Disablement are open to studying the qualification of their choice to increase their chances of reintegration into the labour market. This is also applicable to their dependents and dependents of fatally injured workers; however, they are encouraged to consider the listed priority qualifications.

Unemployed COID beneficiaries with a permanent disablement (PWD, struggling to access the PSET institutions are advised to contact our offices for organised Vocational Training, which includes, among others, Dressmaking | Welding | Plumbing | Electrical |Carpentry | Upholstery and Furniture Making | Traditional and Hydroponic Vegetable Cultivation | Poultry Farming | Other Vocational Training

