



COMPENSATION FUND EXTERNAL BURSARY APPLICATION FORM

ACADEMIC YEAR 2022 & 2023

Dependants of COID Pensioners and Dependents of Fatally Injured Workers between the ages of 17 to 25

Unemployed Persons who have acquired a permanent disablement due to occupational injuries/diseases (COID Pensioners) are invited to apply for the bursary [See the last page for funded qualifications].

A														DETAILS OF THE STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING																	
Study Programme																															
Training Institution																															
Student Number / Application Number																															
Year of commencement of study														Anticipated year of completion																	
B														PARTICULARS OF APPLICANT																	
Dependent of COID Pensioner				COID client/beneficiary with a permanent disablement not (yet) classified as COID Pensioner										COID Pensioner																	
Please provide us with the COID Claim number (Applicable to COID clients/ beneficiaries with a permanent disablement but whose claim is in progress)																															
Please indicate the COID Pension Administrator														Compensation Fund				Rand Mutual Assurance				Federated Employer's Mutual Assurance									
Title				Surname																											
First names (in full)																															
Maiden name (if applicable)				Date of birth				Y	Y	Y	Y	M	M	D	D																
Identity number (attach certified copy of ID)																															
Home language														Male				Female													
African				Coloured				Indian				White																			
Marital status														Citizenship																	
Do you have a disability?				Yes		No		Type of disability																							
Residential address (including postal code)																															
Province														GP	NW	LP	MP	FS	KZN	EC	NC	WC									
Local/ District Municipality																															
Postal address (including postal code)																								Postal Code							
Telephone number during the day (code and number)														Cellphone Number																	
E-mail address (if applicable)														Alternative Number																	





C	PARTICULARS OF PARENT (Mother) / LEGAL GUARDIAN												
Surname													
First names										Title			
ID Number (Attach a certified copy of ID)													
Residential address and postal code								Telephone number (home)		code			
										number			
								Telephone number (work)		code			
		Postal Code								number			
D	PARTICULARS OF PARENT(Father)/LEGAL GUARDIAN												
Surname													
First Names													
ID Number (Attach a certified copy of ID)													
Residential address and postal code								Telephone Number (home)		code			
										number			
								Telephone Number (work)		Code			
		Postal Code								number			
E	STATEMENT BY APPLICANT												
<p>"I, the undersigned, declare that the information stated in this form is true and complete, including the information about my parent/guardian, to the best of my knowledge and belief. I have submitted this information knowing that if I wilfully stated anything I know to be false or not believe to be true, including any omissions, I may be declared ineligible for funding assistance. I voluntarily consent to the Compensation Fund and/or its representative/s and/or its contractors and/or sub-contractors processing my personal information (in particular, my financial and education information) as defined in the <i>Protection of Personal Information Act 4 of 2013</i> for the purpose/s of assessing my application for funding assistance. I agree that Compensation Fund may have access to my study results; other training institutions maintain information and information that I voluntarily submit to the Compensation Fund for monitoring and reporting on my study progress. I accept and acknowledge that this application does not guarantee that I will receive a Compensation Fund bursary."</p>													
Signature of Applicant								Date					
F	CONSENT BY PARENT (MOTHER) / LEGAL GUARDIAN / COID PENSIONER <i>(Only applicable to Dependants of COID Pensioners/ dependants of COID beneficiaries with Permanent Disability)</i>												
<p>"I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to the Compensation Fund and/or its representative/s and/or contractors and/or sub-contractors processing my personal information, in particular, my financial information as defined in the <i>Protection of Personal Information Act 4 of 2013</i> sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable the Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (particularly the Applicant's financial and academic information), where the Applicant is a minor. I understand that I and/or the Applicant may access the collected personal information on request to the Compensation Fund to rectify any inconsistencies therein. I confirm that I am competent to provide this consent on behalf of the minor Applicant. I understand that failure to provide voluntary consent to enable Compensation Fund to process my personal information (in particular my financial information) and the Applicant's personal information (in particular, financial and academic information) will</p>													



result in this application for funding assistance regarded as incomplete. Therefore the Applicant's eligibility for funding assistance will not be considered." I note that if Compensation Fund utilises personal information contrary to the Act's provisions, I may first resolve any concerns with Compensation Fund. If I am unsatisfied with the process adopted to address my concerns, I have the right to lodge a complaint with the Fund.

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	
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G	CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN/ COID PENSIONER (Only applicable to Dependants of COID Pensioners/ dependants of COID beneficiaries with Permanent Disability)
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"I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to the Compensation Fund and/or its representative/s and/or contractors and/or sub-contractors processing my personal information, in particular, my financial information as defined in the *Protection of Personal Information Act 4 of 2013* sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable the Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (particularly the Applicant's financial and academic information), where the Applicant is a minor. I understand that I and/or the Applicant may access the collected personal information on request to the Compensation Fund to rectify any inconsistencies therein. I confirm that I am competent to provide this consent on behalf of the minor Applicant. I understand that failure to provide voluntary consent to enable Compensation Fund to process my personal information (in particular my financial information) and the Applicant's personal information (in particular, financial and academic information) will result in this application for funding assistance regarded as incomplete. Therefore the Applicant's eligibility for funding assistance will not be considered." I note that if Compensation Fund utilises personal information contrary to the Act's provisions, I may first resolve any concerns with Compensation Fund. If I am unsatisfied with the process adopted to address my concerns, I have the right to lodge a complaint with the Fund.

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	
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H	FOR OFFICE USE
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Captured by:	Date Captured:
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Eligibility Status (please tick (√))	Suitable	Pending	Not Suitable
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Comments:

Signature:	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.	Self-Checklist (Cross where applicable)	
	Yes	No
Are you a COID pensioner	Yes	No
Are you a COID client with a permanent disablement not (yet) classified as a COID Pensioner	Yes	No
Are you a dependent of a COID Pensioner	Yes	No
Have you been accepted for the qualification (s) listed on the priority list	Yes	No
South African citizen	Yes	No
Fully completed application form	Yes	No
Tuition fees quotation	Yes	No
Prescribed Learning Resources Quotation (If available)	Yes	No
Proof of residence	Yes	No
COID claim number (COID beneficiaries with a permanent disablement not (yet) classified as COID Pensioners)	Yes	No
Certified copy of Identity document / unabridged birth certificate of the Applicant	Yes	No
Parent(s) or guardians' Identity document (certified)	Yes	No
If either of your parents is deceased, please provide a certified copy of the death certificate	Yes	No
Grade 12 June results / latest academic transcript	Yes	No
Proof of acceptance from public Post School Education and Training (PSET)	Yes	No
Pre-entry assessment (<i>Applicable to candidates who exited the mainstream schooling system at Grade 9, have General Education Certificate (GEC) and potential to excel in this programme</i>).	Yes	No
Proof of income Certified or official copy of the latest payslip, three months bank statements for each parent or your legal guardian or proof of income letter in the form of SASSA grants, Unemployment Insurance Fund (UIF), Compensation Fund (CF), Rand Mutual Association, Federated Employer's Mutual Assurance or any retirement, life, disability or other benefits paid as a lump sum or in monthly payments/ Affidavit	Yes	No
Proof of dependence to the COID Pensioner or Fatally Injured Worker a) Unabridged Birth Certificate reflecting the injured worker as a parent or b) Proof of Legal Guardianship from Children's court or c) Family court order to confirm the dependency to the injured worker or d) Forster care confirmation from the Social Worker approved by the district surgeon or e) Maintenance order or g) Any authoritative document		
Proof of unemployment letter from Department of Employment and Labour / of Affidavit for PWDs (Applicable to COID Pensioners)	Yes	No
Certification and verification of physical disability by a Health Care Professional or Disability Support Office (Applicable to other PWDs)/ WCL forms	Yes	No
Studying full-time	Yes	No
Studying Part-time (only applicable to COID Pensioners)	Yes	No



FUNDED QUALIFICATIONS

PRIORITY QUALIFICATIONS FOR THE DEPENDANTS OF COID PENSIONERS (17 – 25 YEARS OF AGE)	
1.	Accounting Science/ BCom (honours) in Accounting/ CTA
2.	Health Professional and related clinical science
3.	Bachelor of Science in Computer Science and Informatics/ Information Technology (Specialising with artificial intelligence/machine learning/ data science & analytics/ data engineering/ Cyber security/ Cloud Computing/ Internet of Things (IoT)/ Quantum Computing/ robotics/ Software engineering/ Computer networks)
4.	Risk Management and Forensic Science
5.	Engineering (Chemical, civil, electrical, mechanical, mechatronics, metallurgy, Aeronautical)
6.	Actuarial Science and Financial Mathematics / Actuarial Science/ Mathematical Science/ Statistics/ Data Science
7.	Economic Science/ Econometrics
8.	Architectures/ Town Planning/ Construction Management/ Quantity Surveyor
9.	Aeronautical Engineering/ Aerospace Control /Aviation
10.	Agriculture
11.	Analytical Chemistry/ Biochemistry / Biotechnology/Microbiologist
12.	Risk Management/ Risk Management and Forensic Science
13.	Food and Beverage technician/ Hospitality/Food & Beverage/ Culinary
14.	Design Graphic (Communication) Design/ Digital Marketing/ Brand Communication or Management/ Digital design/ Film and Production/Animation
15.	Quality control and planning/ Quality Assurance and regulatory/ Environmental Health
16.	Marine / Maritime Studies
17.	Investment Management
18.	Operations Management/ Industrial Engineering/ Production Management/ Supply Chain Management
19.	Teaching (Mathematics, Science, Information Communications Technology and Early Childhood Development)
20.	Apprenticeship full programme (<i>This opportunity is extended to capable candidates who exited the mainstream schooling system at Grade 9, have General Education Certificate (GEC) and have the potential to excel in this programme</i>). Pre-entry assessment outcomes must be attached.

PRIORITY QUALIFICATIONS FOR UNEMPLOYED COID PENSIONERS	
Unemployed COID Pensioners / Unemployed COID clients who have acquired a permanent disablement are open to studying the qualification of their choice to increase chances of reintegration into the labour market.	
COID pensioners / COID clients with a permanent disablement not (yet) classified as COID Pensioners 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 and Agro-processing Poultry Farming Other Vocational Training	