



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

VOCATIONAL REHABILITATION PROGRAMME 2021/2022

Workers who cannot return to work due to occupational injuries or diseases, as a result, acquired a permanent disablement are invited to apply for the Vocational Rehabilitation Developmental Opportunity to gain knowledge and skills to return to work or be self-employed.

A DETAILS OF THE STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING															
Skills Programme/ Part-Qualification	Dressmaking					Welding									
	Plumbing					Electrical									
	Carpentry					Upholstery and Furniture Making									
	Traditional and Hydroponic Vegetable Cultivation and Agro-processing					Horticulture & Landscaping									
	Horticulture & Landscaping														
	<i>Please note: Post-School Education and Training Bursaries are available for programmes not listed above, e-mail us your request at cfexternalbursaries@labour.gov.za</i>														
B PARTICULARS OF APPLICANT															
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)															
Nationality	RSA			OTHER											
	<i>If other, attach certified copies of documents indicating your migration permit status—E.g. Work Permit, Study Permit, etc.</i>														
Compensation Fund pension number <i>(Applicable to Unemployed Injured Workers)</i>															
Home language						Male				Female					
African				Coloured				Indian				White			
Marital status				Do you have a disability?					Yes	No					
Type of disability:	Amputation		Paraplegia		Other :			Injury on duty			Yes				
	Hearing Impairment		visually impaired		Specify						No				
Functional Limitations:						Functional Capabilities:									
Residential address <i>(including postal code)</i>															
Province	GP	NW	LP	MP	FS	KZN	EC	NC	WC						
Local/ District Municipality															
Postal address <i>(including postal code)</i>															



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Telephone number during the day (code and number)		Cellphone Number	
E-mail address		Alternative Number	

C EDUCATIONAL INFORMATION

Indicate the level of Secondary School Qualification below (X)

Grade 12	<input type="checkbox"/>	Grade 11	<input type="checkbox"/>	Grade 10	<input type="checkbox"/>	Below Grade 10 specify	
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D HIGHEST POST MATRIC QUALIFICATION

Name of the Qualification	NQF Level	Year Completed	Institution

E LAST EMPLOYMENT DETAILS (IF APPLICABLE)

Name of Employer						
Field of Work						
Job Description						
Period of Employment	From:		To:		Duration:	
Date of Injury						
Reason for leaving						
Reference name and Contact/s						

F STATEMENT BY APPLICANT

"I, the undersigned, declare that the information stated in this form is true and complete, to the best of my knowledge and belief. I have submitted this information knowing that, if I willingly stated anything I know to be false or which I do not believe to be true, including any omissions, I may be declared ineligible to be enrolled in the Vocational Rehabilitation Programme. I voluntarily consent to Compensation Fund and/or its representative/s and/or its contractors and/or sub-contractors processing my personal information (in particular, my financial, employment, and education information) as defined in the *Protection of Personal Information Act 4 of 2013* for the purpose/s of assessing my application for funding assistance. I accept and acknowledge that this application does not guarantee that I will be enrolled in the VR Programme.

Signature of Applicant		Date	
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G FOR OFFICE USE

Captured by:		Date Captured:	
Eligibility Status (please tick (✓))	Suitable	Pending	Not Suitable
Comments:			
Signature:		Date:	