BURSARIES FOR YOUTH APPLICATION FORM FOR TVET COLLEGES

(2020 ACADEMIC YEAR)

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| TVET College Name: | SDL No: |

CONTACT DETAILS:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full Name & Designation | Contact Number  | Email address |
| Programme Coordinator  | Name:Designation: |  |  |
| Secondary Contact Person | Name:Designation |  |  |
| The Principal of the College or Authorized Signatory |  |  |  |

APPLICATION INFORMATION:

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| --- | --- | --- | --- | --- |
| Qualification Name  | NQF Level | Level of study i.e. N4, N5, N6 etc. | **Total number of learners per level of study** | Total cost per learner |
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ALL APPLICATIONS FORWARDED TO: bursariesforyouth@inseta.org.za

(NOTE: NO APPLICATION WILL BE ACCEPTED IF SENT TO THE INSETA PERSONNEL PERSONAL EMAIL ADDRESS)

* It is an offence in terms of the Skills Development Act of 1998 to provide false or misleading information in this Application.
* Your application will be rejected should false or misleading information be found.
* INSETA reserves the right to verify the documented responses.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Full Names), in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declare that the information provided is correct and according to my knowledge, I have authority to bind the College accordingly. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed Programme from the INSETA Discretionary Grant Policy and related Guidelines.

Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information or queries in this regard may be emailed to bursariesforyouth@inseta.org.za or contact Ms. Zibuyile Nkabinde on 011 381 8900/ 8935