

Annexure A: Application for study bursary Advanced Diploma in Education School Leadership & Management (AdvDip SLM)

University of choice (Please mark with X						
Stellenbosch University	University of Cape Town					
Targeted Districts:	Targeted Districts:					
Eden & Central Karoo, West Coast,	Metro East, Metro North, Metro South,					
Overberg & Cape Winelands	Metro Central					
*Allocation of University of choice will be based on geographical area of applicants. CTLI will make final allocation.						

VERY IMPORTANT

- (i) Incomplete applications will be rejected.
- (ii) Please PRINT.
- (iii) Mark appropriate boxes with an "X".
- (iv) The Principal must ensure that the Circuit Manager signs the application form.

1. Identity no.					2. P	Persal no.		
					4 5	\	Black	
2 5::::::::::::::::::::::::::::::::::::					4. Race (For EE/Skills		White	
3. Surname					development		Coloured	
						Indian		
5. First names					6. Title Mr, Mrs, Ms			
7. Residential and postal address (if different)			8. Language (HL)		9. Date of birth			
							/	/ 19
10. Tel. no. (hom	e)					Dialling code		
11. Mobile			12	. Email				

13. School where you are employed							
14. Work address							
15. Tel. no. (work)		Dialling	code				
16. Fax no.				Dialling	code		
17. Education district							
18. Appointment status	Permanent	On prob	oation	1	Temporary		
19. Current Relative Educational Qualification Value (REQV)							
20. Date of first appointme	ent		21. Curre	nt rank			
22. Date of appointment in current rank	nto			23. No. o	of years' serv	vice	
	(:) 0004				-	,	
	(i) 2024						
24. State current subjects and grades							
that you are teaching							
•	(ii) 2023						
25. State number of years teaching current subject and							
phase							
26. (i) Are / were you in receipt of another bursary in 2021/2022 YES NO							
(ii) If "YES", please	furnish below.	,		<u> </u>			
(a) Name of inst	titution						
(b) Nature of ob	(b) Nature of obligations						
(c) Obligations	ns already fulfilled? YES NO						
27. University and other post school-school qualifications							
(i) First Initial professional qualification							
(State Degrees, professional diplomas)							

	28. A	pplication 2024						
	*Only	complete sections (ii–vi) if currently bus	y with studie	es in 2023 and provid	de the follow	ing information:		
	(i)	Name of university where course will be followed.						
	(ii)	Current year of study						
	(iii)	Minimum remaining duration of course						
(i	iv)	Student registration number						
(v)	Have you failed any year of study (for c	urrent studie	ş(S ;	YES	NO		
·	·			•				
(1	vi) If	"Yes", which year of study and when?						
29.	Indic	cation of physical disability		YES		NO		
	(i)	Do you have a physical disability?						
	(ii)	If "Yes", state nature of disability			l l			
30.	Dec	laration						
	I declare that the above information is complete and correct.							
-	Applicant's signature Print name		Date					
31.	Dec	laration by School Principal						
 I declare that the above information is correct and complete. I support the application and confirm that the appropriate support will be provided to the applicant. 								
-	School Principal's signature Pri		Print name		Date			
32.	End	orsement by Circuit Manager						
	I hereby endorse and recommend the application of this applicant.							
- (Circui	t Manager's signature	Print name		Date			