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www.foodbev.co.za

## BURSARY GRANT CHECKLIST

No.	Please tick the box to confirm the following information is completed or attached to the bursary Agreement:	Please Tick
1.	Copy of learner ID or Passport ( <b>Certified</b> )	<input type="checkbox"/>
2.	Signed/stamped Quotation of Study Fees ( <b>on institution's letterhead</b> )	<input type="checkbox"/>
3.	Proof of letter of acceptance or registration from Higher Education Institution ( <b>on institution's letterhead</b> )	<input type="checkbox"/>
4.	Employment Contract/Signed Confirmation of employment letter	<input type="checkbox"/>

**PLEASE NOTE:** *The Employed bursary Grant Funding Agreement will not be accepted if the above requirements are not met. Please make sure you have read and understood the FoodBev SETA Bursary Grant Policy when submitting the Employed Bursary Grant Funding Agreement.*

FOR OFFICE USE ONLY:			
Received by:		Date Received:	
Captured by:		Date Captured:	
Evaluated & Registered by:		Date Evaluated & Registered:	
Registration Number:		SETA Official:	

**ENROLMENT FORM: FOODBEV SETA EMPLOYED BURSARY PROGRAMME**

<b>EMPLOYER DETAILS</b>			
<b>COMPANY NAME</b>			
<b>L-NUMBER</b>			
<b>SDF NAME</b>			
<b>SDF CONTACT DETAILS</b>	<b>CELLULAR</b>		
	<b>WORK</b>	( )	
	<b>FAX</b>	( )	
	<b>EMAIL</b>		
<b>COMPANY PHYSICAL ADDRESS</b>			
		<b>POSTAL CODE</b>	
<b>GPS COORDINATES</b>			
<b>NAME OF COMPANY SUPERVISOR/MENTOR</b>			
<b>TEL NUMBER OF COMPANY SUPERVISOR/MENTOR</b>			

STUDENT DETAILS			
STUDENT FULL NAMES			
STUDENT ID NO			
DATE OF BIRTH			
STUDENT NUMBER			
GENDER			
RACE			
DISABILITY (YES/NO) (specify)			
LEARNER HOME ADDRESS			
MUNICIPALITY			
PROVINCE			
NATIONALITY			
STUDENT'S CONTACT DETAILS:	HOME	( )	
	CELLULAR		
STUDENT'S HIGHEST CURRENT QUALIFICATION			
LAST SCHOOL ATTENDED (PRIMARY / HIGH)			
LAST SCHOOL YEAR			
MATRICULATED TOWN/CITY			
MATRICULATED	Province		
	District municipality		
POPI ACT STATUS	Agree		Not Agree

QUALIFICATION DETAILS	
QUALIFICATION NAME	
QUALIFICATION CODE	
ACTUAL START DATE	
BURSARY END DATE	

DETAILS OF HET INSTITUION	
HIGHER EDUCATION INSTITUTION NAME:	
ACCREDITING COUNCIL	
ACCREDITATION NUMBER	
HIGHER EDUCATION INSTITUTION PHYSICAL ADDRESS:	
	POSTAL CODE
HIGHER EDUCATION INSTITUTION POSTAL ADDRESS:	
	POSTAL CODE

### SIGNATORIES

<b>Learner</b> Full Name: _____ Signature: _____ Date: _____ Witness signature: _____ Date: _____	<b>Skills Development Facilitator</b> Full Name: _____ Signature: _____ Date: _____ Witness signature: _____ Date: _____
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