

APPLICATION FORM – 2019 ACADEMIC YEAR

IMPORTANT INFORMATION FOR COMPLETING FORM

- 10 New employees and 10 new dependants will be awarded funding for 2019 (no new nominees)
- Form to be completed by eligible applicants requiring funding for tertiary education for 2019
- Applications close at midnight on **30 November 2018**, late applications will NOT be considered
- Application forms should be delivered OR e-mailed to **Career Wise** by the due date
- Read the DSV-ET “**Application Information & Guidelines**” document BEFORE completing this form
- Ensure that you complete ALL relevant sections of the form, legibly and in pen
- Incomplete applications will be **automatically rejected**, including lack of supporting documentation
- In order to qualify for funding for full time studies, **proof of acceptance by the institution** MUST accompany this application – without it the form will be considered incomplete
- Existing DSV-ET beneficiaries are NOT required to complete this form
- Contact Career Wise if you require assistance completing the form

Attach a head
& shoulders
photo of
yourself here
(ID size)

CONTACT DETAILS FOR CAREER WISE

Telephone

0861 007 787

Physical address

25 Owl Street

Milpark

Johannesburg

Email queries

dsvet@careerwise.co.za

CHECKLIST & APPLICANT DECLARATION

Please ensure the following documentation is attached to your application (Mark with “X”):

Please do not submit originals

- Certified copy of your South African identity document
- Certified copy of your final school-leaving certificate, ABET results or final Grade 11 marks (matriculants)
- Copy of a current DSV payslip for applicant (employee) or DSV nominator (dependant)
- Letter from DSV nominator confirming your nomination (dependants only)
- Proof that DSV nominator is applicants’ parent (birth certificate) or guardian (guardianship order/affidavit)
- Certified copies of full higher education learning records to date
- Provisional proof of acceptance for 2019 from the tertiary institution (dependants only)

The application will be automatically rejected if any of the above documentation is missing

I hereby certify that the information provided is correct and complete. I understand that false information will invalidate this application. I have read, understood and complied with the DSV-ET “Application Information & Guidelines” document

Signature:
(Applicant)

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Date:

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PERSONAL DETAILS (All Applicants)

Title (Mark with "X")	Mr	Mrs	Ms	Other:													
Initials																	
Surname																	
First names																	
Maiden name																	
Identity number																	
Date of birth	D	D	M	M	Y	Y	Y	Y									
Place of birth																	

Gender (Mark with "X")

	Male
	Female

Marital Status (Mark with "X")

	Single
	Divorced
	Married
	Widowed
	Cohabiting

Population group (Mark with "X")

	African		Chinese		Coloured		Indian
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Do you have a disability?
If "Yes", please indicate nature

	No		Yes

Have you been convicted of a crime?
If "Yes", please indicate nature

	No		Yes

Home language (Mark with "X")

	Afrikaans		Xitsonga
	English		Setswana
	IsiNdebele		Tshivenda
	Sesotho		IsiXhosa
	Siswati		IsiZulu
	South Sotho		Other

CONTACT DETAILS (All Applicants)

Residential address

Suburb	
Town	
Province	
Code	

Postal address

Suburb	
Town	
Province	
Code	

Email

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Home	()								
Work	()								
Mobile	()								

Nearest centre to you (Mark with "X")

	Bloemfontein		Mmabatho
	Cape Town		Polokwane
	Durban		Port Elizabeth
	East London		Pretoria
	Johannesburg		

Details of alternate contact person

Name											
Number	()					

CATEGORY OF APPLICANT (All Applicants)

Please indicate below which category you fall into (Mark with "X")

<input type="checkbox"/>	EMPLOYEE
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Applicant that is a current permanent employee of DSV

<input type="checkbox"/>	DEPENDANT
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Applicant nominated by an employee of DSV – who IS their parent or guardian

It is very important that you select the correct category. If you require clarification, please refer to the DSV-ET "Application Information & Guidelines" document or contact Career Wise

Relationship to DSV nominator (Dependants) (Mark with "X")

<input type="checkbox"/>	Parent
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<input type="checkbox"/>	Guardian
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Attach proof that DSV nominator is your parent (birth certificate) or guardian (guardianship order/affidavit)

DSV EMPLOYMENT DETAILS OF APPLICANT (Employees only)

Employee code *		Work address		
Company name *			Suburb	
Department *			Town	
Paypoint *			Province	
Line manager			Code	

*Per payslip

Attach a copy of your current DSV payslip

DETAILS OF DSV NOMINATOR (Dependants Only)

To be completed by the DSV Nominator that is the parent/guardian of the applicant

Name & surname										
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Identity number											
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Gender (Mark with "X")

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Work number	()					
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Population group (Mark with "X")	<input type="checkbox"/> African	<input type="checkbox"/> Chinese	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian	<input type="checkbox"/> White
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Employee code *		Work address		
Company name *			Suburb	
Department *			Town	
Paypoint*			Province	
Line manager			Code	

*Per payslip

Attach a copy of a current DSV payslip for your DSV nominator **and** a letter from them confirming your nomination

GENERAL INFORMATION (Dependants Only)

Details of Father

Name & surname	
Contact number	
Occupation	
Employer	

Details of Mother

Name & surname	
Contact number	
Occupation	
Employer	

Details of all members currently living in the same household as you

(Including parents, siblings, children, spouses, grandparents, aunts, uncles, other)

Relationship to you	Age	Highest school grade passed	Post school education	Current occupation	Gross monthly income

Details of any academic, sporting, cultural or other achievements; as well as any leadership roles and initiatives or contributions made to your community

Are you in receipt of a bursary, scholarship or student loan? (Mark with "x")

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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If "Yes", please provide details of award

Name	<input type="text"/>	Nature	<input type="text"/>	Value	<input type="text"/>
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Previous work experience (if applicable)

Name of employer	Contact number	Period employed	Nature of work	Reason for leaving

SECONDARY EDUCATION (All Applicants)

Details of secondary school attended/attending

Name of school	<input type="text"/>	Highest grade passed to date	
Telephone number	(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Grade	<input type="text"/>
Education region	<input type="text"/>	Year	<input type="text"/>

Address of school	<input type="text"/>	
	Suburb	<input type="text"/>
	Town	<input type="text"/>
	Province	<input type="text"/>
	Code	<input type="text"/>

Final Results (Matric, Grade 11 or ABET)

	Subject	Grade (HG/SG)	Grade 11 (If <u>not</u> matriculated)	Matric (If matriculated)	ABET (If applicable)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Type of Matric certificate, if applicable (Mark with "X")

<input type="checkbox"/>	Joint Matriculation Board Full Exemption
<input type="checkbox"/>	Grade 12 (National Senior Certificate with relevant endorsement)
<input type="checkbox"/>	National Certificate Vocational (N3, N4, N5, N6)
<input type="checkbox"/>	Independent Examination Board
<input type="checkbox"/>	Senior Certificate (Before 2008)
<input type="checkbox"/>	Other Matric (Specify): <input type="text"/>

Specify type of Matriculation endorsement, if applicable:

(certificate, diploma, degree etc)

Attach a certified copy of your final school-leaving certificate, ABET results or final Grade 11 report (if currently in matric)

POST-SCHOOL EDUCATION (All Applicants)

Details of courses undertaken since leaving school

Date of course		Name of institution	Field of study Name of course	Result Passed, failed, cancelled etc
From	To			

Are you currently registered at a higher education institution? (Mark with "X")

 Yes

 No

If "Yes", provide details

Course	<input type="text"/>	Academic year	<input type="text"/>
Institution	<input type="text"/>	Year started	<input type="text"/>

Attach your full higher education learning records to date

FUNDING REQUIREMENTS (All Applicants)

Indicate **1st** preference of institution and course (Mark with "X")

Type of institution	"X"	Name of institution	Name of course
University	<input type="checkbox"/>		
University of Technology	<input type="checkbox"/>		
College	<input type="checkbox"/>		
FET College	<input type="checkbox"/>		

Indicate **2nd** preference of institution and course (Mark with "X")

Type of institution	"X"	Name of institution	Name of course
University	<input type="checkbox"/>		
University of Technology	<input type="checkbox"/>		
College	<input type="checkbox"/>		
FET College	<input type="checkbox"/>		

