BURSARY APPLICATION FORM FOR TVET COLLEGE LECTURERS FOR STUDIES IN INSURANCE OR FINANCE RELATED STUDIES (2021/22)

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| --- | --- | --- |
| Name TVET College: | SDL No: | Province: |

CONTACT DETAILS:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full Name & Designation | Contact Number & Email Address | Signature |
| Programme Coordinator |  |  |  |
| Official authorized representative who will sign the funding contract |  |  |  |

APPLICATION INFORMATION

NB: TVET College must apply on behalf of Lecturers.

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| --- | --- | --- | --- | --- |
| Lecturer Name & Surname | Lecturer ID Number | Registered Qualification Title & Institution | NQF Level | Total cost per learner |
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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, ……………………………, in my capacity as …………………….: of …………………………….. TVET College declare that the information provided is correct and according to my knowledge, I have authority to bind the TVET 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.

**For more information or queries in this regard may be emailed to** [**nyikom@inseta.org.za**](mailto:nyikom@inseta.org.za) **or telephone 011 381 8900**