

INTERNAL/EXTERNAL LEARNERHSIP APPLICATION FORM

Please write clearly in block capitals. Ensure that all sections and questions are fully answered or filled in to prevent you from being disqualified from the selection process.

LEARNERSHIP APPLYING FOR:				
SECTION A - PERSONAL AND HOME DETAILS				
Surname:	Title (Mr/Mrs/Ms):			
Full First Names:				
Date of Birth:				
IDENTITY No.				
Citizenship: SOUTH AFRICAN	Age: Race:			
Physical Street Address and Suburb:				
City/Town:	Province:			
Postal Code:	_			
Telephone (home): (work):	Cell:			
Postal Address (if different from physical street address when the street addr	nere correspondence should be sent to):			
Do you suffer from any chronic or physical handicap:				
If yes, please provide brief details of condition:				

SECTION B - ACADEMIC ACHIEVEMENT DETAILS OF HIGH SCHOOL

Please attach a certified copy of your latest/final examination results



SECTION C - ACADEMIC ACHIEVEMENT DETAILS

Name and address of current institution of learning:				
The current course of study:		_		
Date of first registration for this course:	Estimated completion date:			
COURSES/SUBJECTS	Symbol or %			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

SECTION D - DECLARATION OF FINANCIAL POSITION

To be completed by the parent/guardian/s or persons/s on whom the applicant is dependent for financial support or assistance by clearly stating the relationship to the applicant.

NOTE: That this application will not be considered unless this declaration has been fully completed, sworn to and signed in the presence of a Commissioner of Oaths (e.g. minister of religion, postmaster, senior police officer, etc).

Documents to be submitted with the application form are as follows:

- Certified copy of the most recent pay-slip of the breadwinners.
- Certified copy of the balance sheet of the breadwinners if self-employed.
- An unemployed parent/guardian/husband/wife should indicate unemployed on the declaration and submit an affidavit to that effect.
- If no one in the family is formally employed, a state where the family income is derived from e.g. hawking, seasonal employment, etc.

Full name of student:		
Name of person on whom student is depe	ndent for financial support:	
Financial Supporter's Identity No.		
Financial supporter's relationship to stude	nt:	Age:
Date of Birth:		
Occupation of financial supporter:		
Full name and address of financial suppor	ter's employer or own business:	
Contact Numbers (home):		Cell:
INCOME STATEMENT DECLARATION (i	f necessary and where applicable):	:
Gross monthly income of father/guardian:		
Gross monthly income of mother/wife/hus	band:	
Other monthly income (e.g. maintenance,	rent from property, etc):	
TOTAL MONTHLY INCOME:		
Signature of parent/guardian/wife/husband	d:	Date:



MOTIVATION AND DECLARATION	
Please motivate the support of your application for a learner	ship.
I	(print full names) declare that this information
provided by me, is to the best of my knowledge correct and bursaries, which would disqualify my application.	true and that I have not applied or been awarded any other
Signature of Student	Date



TO BE COMPLETED BY A COMMISSIONER OF OATHS

THE ABOVE DECLARATION MUST BE CONFIRM	MED BY A CO	MMISSIONER OF	OATHS.	
I certify that the deponent has acknowledged that he declaration, which were sworn to before me	ne/she knows a	and understands th	ne contents of this affidavit/	
At	on this	day of	(month)	(year)
Commissioner of Oaths (please print nam	_ e)		Signature	
Official Commissioner of Oath Stamp and Date:				

FAILURE TO FULLY COMPLETE AND SIGN THIS APPLICATION FORM TRUTHFULLY BY ALL RELEVANT PARTIES MAY LEAD TO YOUR DISQUALIFICATION.



CHECKLIST OF ITEMS TO BE INCLUDED WITH YOUR RETURNED APPLICATION FORM, MAKE SURE THAT EVERY ITEM HAS BEEN TICKED YES BEFORE RETURNING THE APPLICATION FORM:

Please put a tick into the appropriate column for each item	Yes
Certified copies of ID documents of students and financial sponsors (breadwinners) i.e. parents/	
guardians attached (Sections A and C).	
Certified copy of final/ June Examination results of applicants (Section B of the application form)	
attached.	
Certified copy of final December examination results (Section B of application form)	
NOTE: that only one of the three financial statements below is applicable and the appropriate one must	
be answered/ ticked accordingly.	
a certified copy of the financial balance sheet is attached if the breadwinner/s is self-employed (Section	
C of the application form).	
an affidavit attached if the breadwinner/s is/are unemployed and Section C fully completed (Section C	
of the application form)	
a copy of the household breadwinner/s payslip is attached (section C of the application form).	

IMPORTANT INFORMATION TO READ THOROUGHLY BEFORE YOU FILL IN THE LEARNERSHIP APPLICATION FORM

- Please complete the accompanying application form and return it to careers@zulac.co.za
- Incomplete applications will be disqualified