



REPUBLIC OF SOUTH AFRICA

FORM 1
[Regulation 15]

APPLICATION FOR ASSISTANCE FOR FIRST TIME APPLICANTS: HIGHER EDUCATION AND TRAINING

PROMOTION OF NATIONAL UNITY AND RECONCILIATION ACT, 1995 (ACT 34 OF 1995)

READ THIS FIRST**Only a person who–**

- (a) has been found by the Truth and Reconciliation Commission (TRC) to be a victim; **or**
(b) is a relative, such as the child, or a dependant of a victim, such as a grandchild or spouse, may request assistance.

To qualify for assistance–

- (a) **the household** of which the person who needs assistance is a member, **must not earn more than R 758 173,00 gross income per year**; or
(b) the person who needs assistance must be a **member of a vulnerable household**.

A **household** consists of the spouse and parents of the person who needs assistance or the person exercising parental responsibility over the person who needs assistance.

A **vulnerable household** is a household consisting of four or more members, where:

- (a) the majority of members are over the age of 65 years;
(b) the majority of members are receiving social assistance;
(c) one member is physically or mentally disabled;
(d) one of the members is under the age of 18 years and has to work;
(e) the person who needs assistance is a South African Social Security Agency recipient; or
(f) the majority of the members of the household are unemployed;

If a person who needs assistance is under the age of 18 years or lacks contractual capacity, a parent or guardian must sign the form on their behalf.

Remember to attach the required documents confirming the information given in this form, for example, certified copies of an identity book and proof of income, otherwise your application will not be considered

CLOSING DATE: 30 SEPTEMBER EACH YEAR

A. PARTICULARS OF APPLICANT (PERSON WHO NEEDS ASSISTANCE)			
1. Title:			
2. Surname:			
3. First Names:			
4. ID number:		5. Date of birth:	
6. Gender:	*Male / Female / Other		
7. Highest level of Education:			
8. Contact details:	* Home address / Home address of other person (if applicable): <i>(State below the address where you live and to which mail may be sent. If you do not have an address, state the address of another person who can be contacted, e.g. place of worship, school, community leader, etc.)</i>		
	* Postal address / Postal address of other person (if applicable):		
Telephone Numbers:	Home:	Work:	Cell no:

9. Complete the following:

- (a) Are you a victim? YES / NO
- (b) If you are not a victim -
 - (i) what is the name of the victim?
 - (ii) are you a relative of a dependant of victim? YES / NO
- (c) If you are a relative or dependant of a victim, what is your relationship with the victim?:

 (for eg: are you the spouse, child, grandchild or sibling of a victim)

10. Are you a South African Security Agency recipient? YES / NO

11. (a) Do you have any disability? YES / NO

(b) If yes, give details of the disability:

12. Will you in the year for which you now apply for assistance be studying in another college or higher education institution: YES / NO

13. Please state your qualifications (degrees, diplomas, certificates) and the particulars of the education and training institutions where you obtained these qualifications:

14. (a) Have you ever received assistance for education and training as a victim or a relative or dependant of a victim or in in terms of a government programme? YES / NO

- (b) If you have, please state –
 - (i) For which year:
 - (ii) For which qualification:
 - (iii) At which institution:

Signature of applicant or the person completing the form on behalf of the person who needs assistance

Date

B. PARTICULARS OF FINANCIAL ASSISTANCE/AID/CONCESSIONS RECEIVED BY PERSON WHO NEEDS ASSISTANCE

Complete this part only if the person who needs assistance has received any form of assistance from the State, including National Student Financial Aid Scheme or an institution contemplated in the Skills Development Act or his / her employer, for the year for which assistance is now applied for: For example, a bursary or any discount or has been exempted from paying fees. Indicate here the form of assistance and the amount received.

- 1. Name of the institution / person who granted / is to grant the aid / assistance:
- 2. The year for which aid / assistance was received or is to be received:
- 3. Nature and amount of the assistance / aid received or is to be received:
- 4. Conditions attached to the aid / assistance:

(Attach documents to support the above information.)

Signature of applicant or the person completing the form on behalf of the person who needs assistance

Date

C. FORMS OF ASSISTANCE APPLIED FOR

Note that assistance will be provided only in respect of programmes leading to a qualification unless the person who requires assistance wants to study at a community education and training college. The forms of assistance include fees (such as registration costs, tuition fees, the levy charged by the Student Representative Council, the costs of a library card, costs relating to student counselling and work placement), boarding and transport allowances, allowances for learning material, meals and personal care expenditure, a once-off allowance to purchase a device (such as a laptop), an allowance when a person works as part of his or her learnership or apprenticeship and special allowances for persons with disabilities.

FOR WHICH FORM OF EDUCATION AND TRAINING ASSISTANCE DO YOU APPLY? (Mark the applicable option)

- *Assistance in respect of education and training offered by community education and training college?
- *Assistance in respect of education and training offered by technical and vocational education and training college?
- *Assistance in respect of higher education?
- *Assistance in respect of skills development?

C.1 ASSISTANCE IN RESPECT OF EDUCATION AND TRAINING OFFERED BY COMMUNITY EDUCATION AND TRAINING COLLEGE (Regulation 7)

Note that the **highest level** of education offered in terms of category C.1 is similar to Grade 9. **Note** further that this form of assistance can be rendered only if you are **sixteen years** of age or older.

I. General particulars:

- 1. Year in respect of which assistance is needed:
- 2. Details of college:
 - (a) Name of college:

(b) Address of college:
.....
(Indicate the physical address, in other words, where the college is situated.)

3. Total amount of fees payable to college:
(Attach proof of registration at college and of the amount payable to the college. Indicate whether the amount payable is per annum or subject or module.)

4. Number of subjects enrolled for:

II. Assistance in respect of accommodation:

If assistance is needed in respect of **accommodation**, complete the following:

1. What is the distance between your home and the college?

2. If the distance between your home and the college is less than 30 km, please indicate why you need assistance in respect of accommodation:

.....
.....
.....

(For example: Number and ages of persons sharing the house in which you live; availability of transport to and from your house and the college/university; does the house have electricity; and is there network coverage at your house)

3. Boarding home Details:

(a) Name of hostel / boarding home:

(b) Address of hostel / boarding home:

.....
(Indicate the physical address, in other words, where the hostel / boarding home is situated.)

(c) Amount charged for boarding fees per annum which has to be paid.....

(Attach proof of the amount payable and that the person who needs assistance, is hiring accommodation.)

(d) Does the amount for boarding fees include meals? YES / NO

(e) Is the accommodation provided by the college? YES / NO

(f) If you want to hire accommodation not provided by the college, state the reasons:

.....
.....
.....

Signature of applicant or the person completing the form on behalf of the person who needs assistance

Date

III. Assistance in respect of device:

- 1. Have you ever received a device (e.g. laptop) free of charge in terms of a government programme? YES / NO
- 2. If you have received a device free of charge, please state -
 - (a) when did you receive it?
 - (b) in terms of which government programme:
 - (c) from which State institution?

Signature of applicant or the person completing the form
on behalf of the person who needs assistance

Date

C.3 ASSISTANCE IN RESPECT OF SKILLS DEVELOPMENT (Regulation 10)

*Note that a person whose application for assistance has been approved will receive the allowance of **R 2 998,00 per month** (Reg 10(1)(c)) only during the work experience component of the learnership or apprenticeship for which he or she is registered and if he or she complies with the conditions of the learnership agreement entered into with the employer in terms of the Skills Development Act.*

Particulars of assistance:

For assistance needed in respect of **fees**, complete the following:

- 1. Year in respect of which assistance is needed:
- 2. Details of learnership or apprenticeship for which assistance is needed:
.....
.....
.....
- 3. Details of college:
 - (a) Name of college:
 - (b) Address of college:
(Indicate the physical address, in other words, where the college is situated)
- 4. Total amount of fees payable to college:
(Attach proof of registration at college and of the amount payable to the college. Indicate whether the amount payable is per annum or subject or module)
- 5. Are you busy with the work experience component of the learnership or apprenticeship? YES / NO
- 6. Period and year for which the allowance must be paid:
- 7. Details of employer where the person who needs assistance will be working:
 - (a) Name of the employer:
 - (b) Physical address of the employer:
 - (c) Contact particulars of the employer:
 - (i) Telephone number:
 - (ii) Cellphone number:

(iii) Fax number:

8. Have you ever received a device (eg laptop) free of charge in terms of a government programme? YES / NO

9. If you have received a device free of charge, please state –

(a) when have you received it?

(b) in terms of which government programme?

(c) from which State institution?

Signature of applicant or the person completing the form on behalf of the person who needs assistance

Date

C.5 ASSISTANCE FOR PERSONS WITH DISABILITIES

Please note that this form of assistance may be provided only to persons who do not qualify for an assistive device or human support in terms of the Policy for the Funding of Students with Disabilities issued by National Student Financial Aid Scheme

I. Assistance in respect of assistive device:

If assistance is needed in respect of a **device**, complete the following:

1. Amount needed to purchase a device:

2. Particulars of the device to be purchased:

.....
.....

(Indicate the name, make, model and price of the device.)

3. Name and Address of college/university registered with:

.....

II. Assistance in respect of human support:

If assistance is needed in respect of human support, complete the following:

1. Amount needed for human support:

2. Details of the human support needed:

.....

3. Particulars of the person providing human support:

.....

4. The person providing human support will be staying with the student: YES / NO

5. For how many months in the year is the allowance needed:.....

Signature of applicant or the person completing the form on behalf of the person who needs assistance

Date

D. PARTICULARS OF INCOME OF MEMBERS OF HOUSEHOLD			
<p>Note: (1) It is not necessary to complete this part if assistance in terms of these Regulations has previously been provided to the person who needs assistance. (2) For the purposes of this paragraph, a household consist spouse and parents of or the person exercising parental responsibility over the person who needs assistance. (3) If the space provided on this page is not enough, please complete particulars on a separate page/s and attach additional page/s to this form.</p>			
<p>Particulars of income of member(s) of household: (Indicate whether it is a pension, salary, commission or seasonal and if it is seasonal, give details thereof.)</p>			
Member 1:	Full names and Surname: ID no. Gross annual income: Nature of the income: Relationship with victim:		
Member 2:	Full names and Surname: ID no. Gross annual income: Nature of the income: Relationship with victim:		
Member 3:	Full names and Surname: ID no. Gross annual income: Nature of the income: Relationship with victim:		
Member 4:	Full names and Surname: ID no. Gross annual income: Nature of the income: Relationship with victim:		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of applicant or the person completing the form on behalf of the person who needs assistance </td> <td style="width: 30%; border: none; text-align: right;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </td> </tr> </table>		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of applicant or the person completing the form on behalf of the person who needs assistance	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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E. CERTIFICATION	
<p>I,, hereby certify that the information which I have provided above is correct and to the best of my knowledge true. I hereby give permission to the Department of Justice and Constitutional Development to verify the correctness of any of my statements. I know that I can be prosecuted if I knowingly give false information and that any amount paid to me can be recovered.</p>	
<p>_____ Signature of applicant or the person completing the form on behalf of the person who needs assistance</p>	<p>_____ Date</p>

NOTE
<p>The application form must, after completion, be submitted to the dedicated official –</p> <p>(a) electronically to the following addresses: TRCEducation@justice.gov.za; or</p> <p>(b) by facsimile to 086 476 3777; or</p> <p>(c) by registered post to the following address: The Head: TRC Unit, The Department of Justice and Constitutional Development, Private Bag X81, Pretoria, 0001.</p>