



# employment & labour

Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA

## COMPENSATION FUND EXTERNAL BURSARY APPLICATION FORM ACADEMIC YEAR 2024

**The Compensation Fund is inviting unemployed COID beneficiaries with a permanent disablement (PWD) due to occupational injuries/diseases, dependants of COID beneficiaries with a permanent disablement and dependants of fatally injured employees to apply for the Compensation Fund Bursary opportunity.**

A	DETAILS OF THE STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING												
Study Programme													
Training Institution													
Student Number / Application Number													
Year of commencement of study						Anticipated year of completion							
B	PARTICULARS OF APPLICANT												
Dependent of COID beneficiaries with a permanent disablement (PWD)			Unemployed COID beneficiaries with a permanent disablement (PWD) who suffered occupational injuries/diseases										
COID Pension Administrator			Compensation Fund			Rand Assurance			Mutual			Federated Employers Mutual Assurance	
Please provide us with the COID Claim number / Pension Number													
Title			Surname										
First names (in full)													
Maiden name (if applicable)			Date of birth			Y	Y	Y	Y	M	M	D	D
Identity number (attach certified copy of ID)													
Home language									Male		Female		
African			Coloured			Indian			White				
Marital status						Citizenship							
Do you have a disability?			Yes	No	Type of disability								
Residential address (including postal code)													
Province			GP	NW	LP	MP	FS	KZN	EC	NC	WC		
Local/ District Municipality													
Postal address (including postal code)												Postal Code	
Telephone number during the day (code and number)						Cellphone Number							
E-mail address (if applicable)						Alternative Number							



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C	PARTICULARS OF PARENT (Mother) / LEGAL GUARDIAN														
Surname															
First names											Title				
ID Number (Attach a certified copy of ID)															
Residential address and postal code								Telephone number (home)		code					
										number					
								Telephone number (work)		code					
		Postal Code								number					
COID beneficiary with a permanent disablement										Yes		No			
D	PARTICULARS OF PARENT(Father)/LEGAL GUARDIAN														
Surname															
First Names															
ID Number (Attach a certified copy of ID)															
Residential address and postal code								Telephone Number (home)		code					
										number					
								Telephone Number (work)		Code					
		Postal Code								number					
COID beneficiary with a permanent disablement										Yes		No			
E	STATEMENT BY APPLICANT														
<p>"I, the undersigned, declare that the information stated in this form is true and complete, including the information about my parent/guardian, to the best of my knowledge and belief. I have submitted this information knowing that if I wilfully stated anything I know to be false or do not believe to be true, including any omissions, I may be declared ineligible for funding assistance. I voluntarily consent to the Compensation Fund and/or its representative/s and/or its contractors and/or sub-contractors processing my personal information (in particular, my financial and education information) as defined in the <i>Protection of Personal Information Act 4 of 2013</i> for the purpose/s of assessing my application for funding assistance. I agree that Compensation Fund may have access to my study results; other training institutions maintained information and information that I voluntarily submit to the Compensation Fund for monitoring and reporting on my study progress. I accept and acknowledge that this application does not guarantee receiving a Compensation Fund bursary."</p>															
Signature of Applicant								Date							
F	CONSENT BY PARENT (MOTHER) / LEGAL GUARDIAN / COID BENEFICIARY WITH A PERMANENT DISABLEMENT														
<p>"I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to the Compensation Fund and/or its representative/s and/or contractors and/or sub-contractors processing my personal information, in particular, my financial information as defined in the <i>Protection of Personal Information Act 4 of 2013</i> sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable the Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (particularly the Applicant's financial and academic information), where the Applicant is a minor. I understand that I and/or the Applicant may access the collected personal information on request to the Compensation Fund to rectify any inconsistencies therein. I confirm that I am competent to provide this consent on behalf of the minor Applicant. I understand that failure to provide voluntary consent to enable the Compensation Fund to process my personal information (in particular, my financial information) and the Applicant's personal information (in particular, financial and academic information) will result in this application for funding assistance being regarded as incomplete. Therefore, the Applicant's eligibility for funding assistance will not be considered." I note that if the Compensation Fund utilises personal information contrary to the Act's provisions, I may resolve any concerns with the Compensation Fund.</p>															



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I unconditionally agree to indemnify the Compensation Fund, acting in good faith in taking reasonable steps to process the personal information lawfully, against any liability that may result from processing the personal information. This includes unintentional disclosures of such personal information to or access by unauthorised persons and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information provided to the Compensation Fund by myself or by a third party in respect of me."

Signature of Parent/Guardian		Date	
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**G CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN/ COID BENEFICIARY WITH A PERMANENT DISABLEMENT**

"I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to the Compensation Fund and/or its representative/s and/or contractors and/or sub-contractors processing my personal information, in particular, my financial information as defined in the *Protection of Personal Information Act 4 of 2013* sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable the Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (particularly the Applicant's financial and academic information), where the Applicant is a minor. I understand that I and/or the Applicant may access the collected personal information on request to the Compensation Fund to rectify any inconsistencies therein. I confirm that I am competent to provide this consent on behalf of the minor Applicant. I understand that failure to provide voluntary consent to enable the Compensation Fund to process my personal information (in particular, my financial information) and the Applicant's personal information (in particular, financial and academic information) will

result in this application for funding assistance being regarded as incomplete. Therefore, the Applicant's eligibility for funding assistance will not be considered." I note that if the Compensation Fund utilises personal information contrary to the Act's provisions, I may resolve any concerns with the Compensation Fund.

I unconditionally agree to indemnify the Compensation Fund, acting in good faith in taking reasonable steps to process the personal information lawfully, against any liability that may result from processing the personal information. This includes unintentional disclosures of such personal information to or access by unauthorised persons and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information provided to the Compensation Fund by myself or by a third party in respect of me."

Signature of Parent / Guardian		Date	
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**H FOR OFFICE USE**

<b>Captured by:</b>	<b>Date Captured:</b>
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<b>Eligibility Status (please tick (√))</b>	Suitable	Pending	Not Suitable
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Comments:

<b>Signature:</b>	<b>Date:</b>
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<b>To process your application, please ensure that you complete all parts of the application form and add the supporting documents. Incomplete application forms would not be processed.</b>	<b>Self-Checklist (Cross where applicable)</b>	
Are you an unemployed COID beneficiary with a permanent disablement who suffered occupational injuries/diseases	Yes	No
Are you a dependant of a COID beneficiary with a permanent disablement who suffered occupational injuries/diseases	Yes	No
Are you a dependant of a fatally injured employee	Yes	No
Tuition fee quotation where applicable	Yes	No
Prescribed Learning Resources Quotation (If available)	Yes	No
Certified copy of Identity document / unabridged birth certificate of the Applicant showing details of the COID beneficiaries with a permanent disablement who suffered occupational injuries/diseases/ Fatally injured employees	Yes	No
If you don't have an unabridged birth certificate as a dependant applicant, one of the following documents to confirm eligibility must be submitted  a) Proof of Legal Guardianship from the Children's court or b) Family court order to confirm the dependency on the injured worker or c) Forster care confirmation from the Social Worker approved by the district surgeon or d) Maintenance order or e) Paternity tests and f) Any relevant authoritative document  The following document will not be accepted as it is subjective.  i) Affidavit/ Sworn Statements		
Parent(s) or guardians' Identity document (certified)	Yes	No
Proof of acceptance from public Post School Education and Training (PSET) or Higher Education Institution (HEI)	Yes	No
Proof of unemployment letter from Department of Employment and Labour / of Affidavit (Applicable to unemployed COID beneficiaries with a permanent disablement who suffered occupational injuries/diseases applying for bursaries)	Yes	No
WCL forms/Certification and verification of physical disability by a Health Care Professional or Disability Support Office	Yes	No
Studying full-time	Yes	No
If either of your parents is deceased, please provide a certified copy of the death certificate	Yes	No
Studying Part-time (only applicable to Persons with Disabilities)	Yes	No
Fully completed application form	Yes	No
COID claim/ COID Pension number	Yes	No
Pre-entry assessment (Applicable to candidates who exited the mainstream schooling system at Grade 9, have a General Education Certificate (GEC) and have the potential to excel in this programme).	Yes	No



**PRIORITISED FUNDED QUALIFICATIONS**

RECOMMENDED PRIORITY QUALIFICATIONS FOR THE DEPENDANTS OF COID BENEFICIARIES WITH A PERMANENT DISABLEMENT (17 – 35 YEARS OF AGE) <i>(However, not restricted to the list)</i>	
1.	Health and clinical science, Accounting Science,
2.	Economic Science, Actuarial Science
3.	Financial Mathematics
4.	Mathematical Science/ Statistics
5.	Data Science
6.	Risk Management and Forensic Science
7.	Information Technology / Computer Science (Specialising with informatics/ system development /artificial intelligence/machine learning/ data science & analytics/ data engineering/ Cyber security/ Cloud Computing/ Internet of Things (IoT)/ Quantum Computing/ robotics/ Software engineering/ Computer networks),
8.	Engineering (including Chemical, civil, electrical, mechanical, mechatronics, design and development, production and process),
9.	Architectures
10.	Aeronautical Engineering/ Aerospace Control /Aviation
11.	Agriculture
12.	Culinary
13.	Graphic Design/ Digital Marketing/ Brand Communication or Management/ Digital design/ Film and Production/Animation
14.	Environmental Health, Teaching ( Mathematics, Science, Information Communications Technology and Early Childhood Development)
15.	Apprenticeship Qualification <i>(The apprenticeship opportunity is extended to capable candidates who exited the mainstream schooling system at Grade 9, have a General Education Certificate (GEC) and have the potential to excel in this programme). Pre-entry assessment outcomes must be attached.</i>
<i>(not restricted to the list)</i>	

PRIORITY QUALIFICATIONS FOR UNEMPLOYED COID BENEFICIARIES WITH A PERMANENT DISABLEMENT (PWD)	
Unemployed COID beneficiaries with Permanent Disablement are open to studying the qualification of their choice to increase their chances of reintegration into the labour market. This is also applicable to their dependents and dependents of fatally injured workers; however, they are encouraged to consider the listed priority qualifications.	
<b>Unemployed COID beneficiaries with a permanent disablement (PWD, struggling to access the PSET institutions are advised to contact our offices for organised Vocational Training, which includes, among others, Dressmaking   Welding   Plumbing   Electrical   Carpentry   Upholstery and Furniture Making   Traditional and Hydroponic Vegetable Cultivation   Poultry Farming   Other Vocational Training</b>	