

Services Sector Education & Training Authority (Services SETA)  
 15 Sherborne Road, Parktown, Gauteng; 2193  
 P O Box 3322, Houghton; 2041  
 Email: [customercare@serviceseta.org.za](mailto:customercare@serviceseta.org.za)  
 Website: [www.serviceseta.org.za](http://www.serviceseta.org.za)  
 Tel: 011 276 9600



### BURSARIES LEARNER REGISTRATION FORM

1. COMPLETE IN BLACK PEN ONLY
2. ATTACH CERTIFICIED COPY OF ID
3. CONFIRMATION OF EMPLOYMENT (FOR EMPLOYED)
4. ATTACH PROOF OF REGISTRATION
5. PROOF OF INCOME TO ENSURE THAT THE BENEFICIARY INCOME/FAMILY INCOME IS BELOW THE R1 000 000.00 p.a. THRESHOLD.

ARE YOU FUNDED BY NSFAS OR ANY SETA OTHER THAN SERVICE SETA YES  NO

*If Yes Please Specify the Name of the Funder:*

#### SECTION A: PARTICULARS OF THE LEARNER

<b>Learner Surname</b>		<b>Learner First Name</b>	
<b>Learner Middle Name</b>		<b>Title (Mr. Mrs. Ms)</b>	
<b>Learner ID Number</b>		<b>Date of Birth</b>	
<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
<b>Equity Code/Race</b>	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>
	Other (Specify) _____		
<b>Nationality Code/Citizen Status</b>	RSA <input type="checkbox"/>	Dual (SA Plus Other) <input type="checkbox"/>	Other (Specify) _____
	Employment Status: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>		
<b>Home Language</b>	_____		
<b>Learner Home Address</b>		<b>STATS SA Area Code</b> (search DHET SETMIS on google)	
<b>Learner Home Postal Code</b>	_____		
<b>Municipality</b>		<b>City:</b>	<b>Urban</b> <b>Rural</b>
	(If Yes Specify) _____		
<b>Disability</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Province</b>	_____		
<b>Learner Contact Details</b>	Learner Cell Phone Number:	Learner Fax Number:	Learner Email Address:
	_____	_____	_____
	_____	_____	_____

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#### HIGH SCHOOL AND HIGHEST QUALIFICATION COMPLETED

<b>Learner High School Details</b>	Last School Name:	Last School Year:	Last School EMIS No:
<b>High School Address</b>			
<b>Highest Qualification Completed</b>			

#### PARTICULARS OF HIGHER EDUCATION INSTITUTION

<b>Institution Name</b>			<b>Institution Registration Number (CIPC)</b>	
<b>Accreditation Number</b>				
<b>Institution Type</b>	Public	<input type="checkbox"/>	Private)	<input type="checkbox"/>
<b>Institution Address</b>				
<b>Postal Code</b>				
<b>Institution Phone Number</b>				
<b>Institution Contact Person</b>			<b>Email Address</b>	
<b>Province</b>			<b>Institution SDL No</b>	

#### PARTICULARS OF STUDY

<b>Qualification Name</b>	
<b>Qualification ID (SAQA ID)</b>	
<b>Registration date</b>	

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**PARTICULARS OF EMPLOYER (ONLY IF THE BURSAR IS EMPLOYED)**

<b>Employer Name</b>		<b>SETA Registered (If not SSETA)</b>	
<b>SDL No</b>		<b>SIC Code</b>	
<b>Employer Registration Number (i.e 2021/1234322/07)</b>			
<b>Employer Postal Address</b>		<b>Employer Postal Code</b>	
<b>Employer Phone Number</b>		<b>Employer Contact Email Address</b>	
<b>Employer Contact Person</b>			
<b>Province</b>			

**LEARNER DECLARATION**

*Please note that the guardian signature is required if the learner is under 18 years*

1. I declare to the best of my knowledge that all information on this form is true and correct, and I understand that if it is not, I may be eliminated from consideration in the selection process. If after being granted a bursary, any falsehood or omissions are discovered in my application, I understand that my bursary grant may be terminated.
2. I undertake to avail myself for participation in all structured learning, practical workplace experience and assessment activities required by the bursary scheme.
3. I indemnify the Service SETA and its officials against any claim for illness or accidental injury sustained by me in the workplace and during operations in the attainment of the bursary scheme objectives.
4. I authorise the Service SETA to deal directly with the Institute on my behalf and receive copies of my progress reports quarterly and results.

<b>Name and Surname of the Learner</b>			
<b>Signature of the Learner</b>		<b>Date</b>	
<b>ONLY APPLICABLE IF THE LEARNER IS A MINOR</b>			
<b>Name and Surname of the Parent or Guardian</b>			
<b>Signature of the Parent or Guardian</b>		<b>Date</b>	