



higher education  
& training  
Department of Higher Education and Training  
REPUBLIC OF SOUTH AFRICA

2013

For use by the College Central Office

☐

Approved

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Not Approved

## FURTHER EDUCATION & TRAINING (FET) COLLEGE BURSARY APPLICATION FORM FOR THE REPORT 191 PROGRAMMES



FET COLLEGE STAMP

### Important Note

Attach a certified copy of your South African identity Document.  
Please use black ink when completing the Bursary Application Form.  
Use of correcting fluids, (e.g. Tippex) will invalidate this Bursary Application Form.  
Any alterations must be countersigned by the Student and the College.  
This Bursary Application form is only for the Report 191 Programmes. Applicants must comply with entry requirements as indicated in the National Education Policy Report 191, Part 1 and Part 2.

### A. PARTICULARS OF STUDENT

|                                                                                             |                                                                                                                                                                                         |                         |                                                               |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------|
| Student Number:                                                                             | <input type="text"/>                                                                                                                                                                    | College Name:           | <input type="text"/>                                          |
| Identity Number:                                                                            | <input type="text"/>                                                                                                                                                                    | Campus:                 | <input type="text"/>                                          |
| Surname:                                                                                    | <input type="text"/>                                                                                                                                                                    | Title:                  | <input type="text"/>                                          |
| Maiden Surname, if applicable:                                                              | <input type="text"/>                                                                                                                                                                    |                         |                                                               |
| First Names (as reflected on ID):                                                           | <input type="text"/>                                                                                                                                                                    |                         |                                                               |
| Date of Birth:                                                                              | <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D | Gender:                 | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Disability:                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                | If yes, please specify: | <input type="text"/>                                          |
| Race (for statistical purposes only):                                                       | <input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White                                                       |                         |                                                               |
| Marital Status:                                                                             | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed                                                     |                         |                                                               |
| <i>(attach proof of status if married, divorced or widowed)</i>                             |                                                                                                                                                                                         |                         |                                                               |
| Home Address (not a PO Box):                                                                | <input type="text"/>                                                                                                                                                                    | Code:                   | <input type="text"/>                                          |
| Postal Address (if different from home address):                                            | <input type="text"/>                                                                                                                                                                    | Code:                   | <input type="text"/>                                          |
| Home Telephone No: Area code ( <input type="text"/> ) Number <input type="text"/>           |                                                                                                                                                                                         | Cellphone:              | <input type="text"/>                                          |
| Address while studying (not a PO Box): <input type="text"/>                                 |                                                                                                                                                                                         | Code:                   | <input type="text"/>                                          |
| Telephone No while studying: Area code ( <input type="text"/> ) Number <input type="text"/> |                                                                                                                                                                                         | Cellphone:              | <input type="text"/>                                          |
| Email Address: <input type="text"/>                                                         |                                                                                                                                                                                         |                         |                                                               |

### B. STUDY DETAILS:

|                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Highest School Grade Passed: <input type="text"/>                                                                                                                                                                                    | Year Passed: <input type="text"/>                                                                                                                                                                                                                    |
| Report 191 Programme:                                                                                                                                                                                                                |                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Art & Design<br><input type="checkbox"/> Business Mngmnt<br><input type="checkbox"/> Business Studies<br><input type="checkbox"/> Clothing Production<br><input type="checkbox"/> Education                 | <input type="checkbox"/> Engineering Studies<br><input type="checkbox"/> Farming Mngmnt<br><input type="checkbox"/> Fertilizer Manufacturing<br><input type="checkbox"/> Financial Mngmnt<br><input type="checkbox"/> Food Services                  |
| <input type="checkbox"/> Hair Care<br><input type="checkbox"/> Human Resources Mngmnt<br><input type="checkbox"/> Hospitality & Catering<br><input type="checkbox"/> Interior Decorating<br><input type="checkbox"/> Legal Secretary | <input type="checkbox"/> Management Assistant<br><input type="checkbox"/> Marketing Mngmnt<br><input type="checkbox"/> Medical Secretary<br><input type="checkbox"/> Popular Music/Studio Work<br><input type="checkbox"/> Popular Music/Composition |
| <input type="checkbox"/> Popular Music/Performance<br><input type="checkbox"/> Public Mngmnt<br><input type="checkbox"/> Public Relations<br><input type="checkbox"/> Textiles<br><input type="checkbox"/> Tourism                   |                                                                                                                                                                                                                                                      |
| Report 191 Programme Code: <input type="text"/>                                                                                                                                                                                      |                                                                                                                                                                                                                                                      |
| (Please tick all N-levels you <u>intend</u> completing in this academic year)                                                                                                                                                        |                                                                                                                                                                                                                                                      |
| Report 191 Programme Level – Engineering Only:                                                                                                                                                                                       | <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3<br><input type="checkbox"/> N4 <input type="checkbox"/> N5 <input type="checkbox"/> N6                                                                           |
| Report 191 Programme Level:                                                                                                                                                                                                          |                                                                                                                                                                                                                                                      |

**NOTE:** The full value of the bursary will only be provided to students if a minimum of 3 modules in the previous N-Level is completed successfully.

# Tshwane North College Application Forms For 2015

**Didier Musso**



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## **Table of Contents Tshwane North College Application Forms For 2015**

1. Understanding the eBook Tshwane North College Application Forms For 2015
  - The Rise of Digital Reading Tshwane North College Application Forms For 2015
  - Advantages of eBooks Over Traditional Books
2. Identifying Tshwane North College Application Forms For 2015
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Tshwane North College Application Forms For 2015
  - User-Friendly Interface
4. Exploring eBook Recommendations from Tshwane North College Application Forms For 2015
  - Personalized Recommendations
  - Tshwane North College Application Forms For 2015 User Reviews and Ratings
  - Tshwane North College Application Forms For 2015 and Bestseller Lists
5. Accessing Tshwane North College Application Forms For 2015 Free and Paid eBooks
  - Tshwane North College Application Forms For 2015 Public Domain eBooks
  - Tshwane North College Application Forms For 2015 eBook Subscription Services
  - Tshwane North College Application Forms For 2015 Budget-Friendly Options

6. Navigating Tshwane North College Application Forms For 2015 eBook Formats
  - ePub, PDF, MOBI, and More
  - Tshwane North College Application Forms For 2015 Compatibility with Devices
  - Tshwane North College Application Forms For 2015 Enhanced eBook Features
7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Tshwane North College Application Forms For 2015
  - Highlighting and Note-Taking Tshwane North College Application Forms For 2015
  - Interactive Elements Tshwane North College Application Forms For 2015
8. Staying Engaged with Tshwane North College Application Forms For 2015
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Tshwane North College Application Forms For 2015
9. Balancing eBooks and Physical Books Tshwane North College Application Forms For 2015
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Tshwane North College Application Forms For 2015
10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Tshwane North College Application Forms For 2015
  - Setting Reading Goals Tshwane North College Application Forms For 2015
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Tshwane North College Application Forms For 2015
  - Fact-Checking eBook Content of Tshwane North College Application Forms For 2015
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
14. Embracing eBook Trends
  - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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