



APPLICATION FORM (2022): DISASTER MANAGEMENT BURSARY									
PLEASE PRINT CLEARLY IN BLOCK LETTERS									
SURNAME:		ID NO:							
FIRST NAMES:			NAT	IONALITY	′ :				
GENDER:				RACE:					
HOME ADDRESS: (RESIDENTIAL)		POSTAL ADDRESS:							
			_						
				DENT NO pplicable)	(If				
ARE YOU FROM? (indicate with an X)	URBAN	R	URAL		FORMAL TLEMEN	т	FARM		
HOME TEL NO:			CE	LL NO:		· ·			
EMAIL ADDRESS		I							
DO YOU HAVE ANY PHYSICAL DISABILITY: YES NO									
IF YES PLEASE SPECIFY THE NATURE OF THE DISABILITY									
WHERE DID YOU COMPLETE YOUR GRADE 12?									
NAME OF SCHOOL							YEAR COMPLETED		
HAVE YOU ALREADY APPLIED / BEEN ACCEPTED / REGISTERED AT A PUBLIC YES NO INSTITUTION OF HIGHER LEARNING?						NO			
IF YES, NAME OF INSTITUTION									
(ATTACH PROOF OF APPLICATION / ACCEPTANCE / REGISTRATION)									
CURRENT YEAR OF STUDY	1ST		2ND		3F	RD		4 TH	
(Indicate with an X)									

ALL APPLICATION FORMS MUST BE SUBMITTED AS STATED IN THE ADVERTISEMENT

PARENT / LEGAL GUARDIAN / CAREGIVER INFORMATION (IN THE CASE OF DEPENDENT)				
SURNAME:				
RELATIONSHIP E.G. PARENT/GUARDIAN				
FIRST NAMES:				
EMPLOYER:				
OCCUPATION:				
ID NUMBER:				
TELEPHONE NO:				
FAX NO:				
E-MAIL ADDRESS:				
CELLPHONE NO:				

I______, ID:______CONFIRM THAT THE INFORMATION I HAVE PROVIDED HEREWITH IS CORRECT. CHECKLIST FOR SUPPORTING DOCUMENTS APPLICATION FORM PROOF OF APPLICATION / ACCEPTANCE / REGISTRATION AT A PUBLIC INSTITUTION CERTIFIED ID COPY MATRIC CERTIFICATE CERTIFIED QUALIFICATIONS CURRICULUM VITAE PROOF OF INCOME/ AFFIDAVIT

PLEASE INDICATE WHETHER ALL THE NECESSARY ATTACHMENTS HAVE BEEN INCLUDED:

CLOSING DATE FOR APPLICATIONS IS 05 November 2021.

NO APPLICATION FORM WILL BE ACCEPTED AFTER THE CLOSING DATE AND FAILURE TO PROVIDE ALL THE REQUIRED INFORMATION AND DOCUMENTS WILL IMMEDIATELY DISQUALIFY THE APPLICANT.

Online applications can be made on: http://onlinebursary.ndmc.gov.za

NB: In the event of experiencing ICT challenges, kindly contact the following:

Mr. Alpheus Mashigo at 082 942 9517, Alpheusm@ndmc.gov.za

Mr. Obert Hlungwani at 0721860092, Oberth@ndmc.gov.za,

Mr. Confidence Selomo 072 186 0129 confidences@ndmc.gov.za