



APPLICATION FORM (2022): DISASTER MANAGEMENT BURSARY				
PLEASE PRINT CLEARLY IN BLOCK LETTERS				
<b>SURNAME:</b>		<b>ID NO:</b>		
<b>FIRST NAMES:</b>		<b>NATIONALITY:</b>		
<b>GENDER:</b>		<b>RACE:</b>		
<b>HOME ADDRESS: (RESIDENTIAL)</b>	<b>POSTAL ADDRESS:</b>			
	<b>STUDENT NO (If Applicable)</b>			
<b>ARE YOU FROM? (indicate with an X)</b>	<b>URBAN</b>	<b>RURAL</b>	<b>INFORMAL SETTLEMENT</b>	<b>FARM</b>
<b>HOME TEL NO:</b>			<b>CELL NO:</b>	
<b>EMAIL ADDRESS</b>				
<b>DO YOU HAVE ANY PHYSICAL DISABILITY:</b>		<b>YES</b>	<b>NO</b>	
<b>IF YES PLEASE SPECIFY THE NATURE OF THE DISABILITY</b>				
WHERE DID YOU COMPLETE YOUR GRADE 12?				
<b>NAME OF SCHOOL</b>			<b>YEAR COMPLETED</b>	
<b>HAVE YOU ALREADY APPLIED / BEEN ACCEPTED / REGISTERED AT A PUBLIC INSTITUTION OF HIGHER LEARNING?</b>			<b>YES</b>	<b>NO</b>
<b>IF YES, NAME OF INSTITUTION (ATTACH PROOF OF APPLICATION / ACCEPTANCE / REGISTRATION)</b>				
<b>CURRENT YEAR OF STUDY (Indicate with an X)</b>	<b>1ST</b>	<b>2ND</b>	<b>3RD</b>	<b>4 TH</b>

ALL APPLICATION FORMS MUST BE SUBMITTED AS STATED IN THE ADVERTISEMENT

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

**PLEASE INDICATE WHETHER ALL THE NECESSARY ATTACHMENTS HAVE BEEN INCLUDED:**

I \_\_\_\_\_, ID: \_\_\_\_\_ CONFIRM THAT THE INFORMATION I HAVE PROVIDED  
HEREWITH IS CORRECT.

<b>CHECKLIST FOR SUPPORTING DOCUMENTS</b>	<b>YES / NO</b>
APPLICATION FORM	
PROOF OF APPLICATION / ACCEPTANCE / REGISTRATION AT A PUBLIC INSTITUTION	
CERTIFIED ID COPY	
MATRIC CERTIFICATE	
CERTIFIED QUALIFICATIONS	
CURRICULUM VITAE	
PROOF OF INCOME/ AFFIDAVIT	

**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](mailto:Alpheusm@ndmc.gov.za)*

*Mr. Obert Hlungwani at 0721860092, [Oberth@ndmc.gov.za](mailto:Oberth@ndmc.gov.za).*

*Mr. Confidence Selomo 072 186 0129 [confidences@ndmc.gov.za](mailto:confidences@ndmc.gov.za)*