

SOUTH AFRICAN COUNCIL FOR ENGLISH EDUCATION

APPLICATION FORM FOR AN 'ex-PCE' BURSARY - UNDERGRADUATE OR POST GRADUATE STUDY

Before filling in the information requested on the attached application form (7 pages), please note the following points:

1. Applications are considered only for undergraduate or post graduate study. Applicants must be South African citizens/residents and their normal place of abode must be in the Pretoria area.
2. Do NOT send original certificates. Send only certified photocopies of degrees, diplomas and/or certificates.
3. Do not submit an application until you have made thorough preliminary enquiries -
 - (a) be sure that you know exactly which course you intend to register for;
 - (b) find out where you can study for the course;
 - (c) ensure that you know what the requirements of the institutions are and how much the fees and other costs will be;
 - (d) ensure that you have made full enquiries about the possibility of -
 - (i) study leave from your employer if you intend to study full-time,
 - and (ii) financial assistance from your employer and/or other sources.
4. At the end of this form you are asked to supply the names of two referees. These should be people of standing in the community e.g. school principal, inspector, university/college head/lecturer etc. They should also be people who know you well enough to be able to give a reliable opinion on your personality, academic ability and/or teaching experience.
5. Please fill in the details on the form in ink (preferably in block capitals) as clearly, neatly and fully as possible. If you wish to clarify anything or if there is not sufficient space on the form, please submit a separate sheet.

NB: Please note that your application form must be submitted within the specified time limits. For example, if you wish to apply for a bursary to cover a period of study within the year 1st January 2017 to 31st December 2017, your application form will need to be submitted to SACEE National Office by 31st July 2016 at the latest. Extensions to this time limit may be allowed in exceptional circumstances.

On completion this form should be sent to SACEE National Office by post, fax or e-mail:
Director of Bursaries, SACEE, P O Box 12971, Queenswood, 0121, Pretoria
Tel: 082 4488372
E-mail: sacee@iburst.co.za

**SOUTH AFRICAN COUNCIL FOR ENGLISH EDUCATION
APPLICATION FORM FOR THE 'EX-PCE' BURSARY**

SECTION A: PERSONAL DETAILS

1. TITLE (Mr, Mrs, Miss, Ms, Dr, etc).....
2. SURNAME.....
3. OTHER NAMES.....
4. HOME ADDRESS.....
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.....
5. POSTAL ADDRESS (if different from the above)
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.....
6. TELEPHONE NUMBER Home: () Work: ().....
FAX NUMBER..... CELL NUMBER.....
E-MAIL ADDRESS (if any).....
7. BIRTH (a) Where were you born?.....
(b) What is your date of birth? Day..... Month..... Year.....
8. MARITAL STATUS (tick the box that applies to you)

Married	Never Married	Divorced	Widowed
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9. DEPENDANTS (Please give details of adults and or children who are directly dependent on you for their livelihood)
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.....
10. ARE YOU THE SOLE FAMILY BREADWINNER? (i.e. Does your family depend on you alone for its income? Yes or No..... If YES please give details on a separate sheet.

SECTION C: YOUR CAREER

In this section, please supply details of your experience to date. Include any teaching posts that you have held and indicate the kind of post and all relevant dates.

14.	PREVIOUS POSTS	KIND OF POST	DATES	BRIEF JOB DESCRIPTION
	<u>Name of the school(s) if a teaching post:</u>			
	1.....	.....	.....	.....
	2.....	.....	.....	.....
	3.....	.....	.....	.....
	4.....	.....	.....	.....

NUMBER OF YEARS OF TEACHING EXPERIENCE (if any) : pre-primary, secondary, tertiary -

.....

15. PRESENT POST :

(a) Name of employer/school.....

(b) Kind of school (e.g. pre-primary, secondary, college or university) or business

.....

(c) Address

.....

.....

Postal Address

.....

.....

(d) Rank of post

.....

(e) Date of appointment

.....

(f) Name of Head of Dept/Principal

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(g) Main area of work/Teaching subjects

.....

(h) To which standards or levels?.....

16. OTHER EXPERIENCE (e.g if educational - marking of examinations, lectures to in-service courses, departmental committees etc.) :

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SECTION D: PROPOSED COURSE OF STUDY

17. NAME OF COURSE : (a) Full name.....

(b) Abbreviated form of the name.....

18. NAME OF INSTITUTION WHICH OFFERS THE COURSE :

.....

19. SUBJECT SPECIALIZATION OR TOPIC(S) OF SPECIAL STUDY (be specific) :

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.....

20. COMMENCEMENT DATE AND LENGTH OF COURSE :

21. FULL-TIME OR PART-TIME OR A COMBINATION OF THESE (please specify) :

.....

22. IF BY PART-TIME OR CORRESPONDENCE, DO YOU HAVE THE PERMISSION OF YOUR EMPLOYER/PRINCIPAL TO UNDERTAKE THIS COURSE OF STUDY?

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23. HAS LEAVE BEEN GRANTED TO YOU? (Give details of how much leave you will have and how much of it will be paid leave) :

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24. WRITE A STATEMENT (NO MORE THAN 200 WORDS) ON WHY YOU WISH TO UNDERTAKE THIS COURSE OF STUDY :

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SECTION E: FINANCES

Please ensure that the information you give here is accurate. Do not guess. Find out from the institution you intend to apply to about the costs involved.

25. GIVE DETAILS OF THE ESTIMATED COSTS OF YOUR STUDIES :

(a)	Course fees	R
(b)	Boarding fees (if any)	R
(c)	Books	R
(d)	Other expenses (specify)	
	.....	R
	TOTAL	R

26. SALARY :

(a)	Your own salary (<u>gross annual</u>)	R
(b)	Husband/wife/partner (<u>gross annual</u>)	R
	TOTAL	R

27. APPLICATION TO OTHER BODIES :

(a) Have you applied to your education department or employer for a grant or loan?

.....

(b) If not, why not?.....

(c) If you have received a grant or loan, please provide full details :

.....
.....

(d) Have you applied for assistance from any other source?

If Yes@, please state the name of the organisation and the amount you requested and indicate whether your application was successful :

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SECTION F: PROFESSIONAL AND CULTURAL ACTIVITIES

28. (a) **ARE YOU A MEMBER OF YOUR LOCAL SACEE BRANCH?.....**

(b) **HAVE YOU ATTENDED ANY FUNCTIONS ORGANISED BY SACEE?.....**

(c) **IN WHAT WAYS DO YOU CONTRIBUTE TO THE ATTAINMENT OF THE AIMS AND OBJECTIVES OF SACEE?**

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(d) **IN WHAT WAYS WILL YOUR COURSE OF STUDY ENABLE YOU TO FURTHER THE AIMS AND OBJECTIVES OF SACEE?**

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(e) **WHAT CONTRIBUTION WILL YOU MAKE TO THE WORK OF SACEE IN YOUR AREA ONCE YOU HAVE COMPLETED YOUR PROPOSED STUDIES?**

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29. **WHAT OTHER ACTIVITIES RELATED TO EDUCATION, CULTURE AND YOUR COMMUNITY DO YOU TAKE PART IN?**

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30. **DO YOU HAVE ANY PUBLICATIONS (i.e. books, articles etc.) TO YOUR CREDIT? IF SO, PLEASE LIST THESE BELOW :**

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SECTION G: REFERENCES

31. GIVE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO PERSONS TO WHOM REFERENCE MAY BE MADE :

(a) **Name**.....
Occupation/Position
Address
.....
Postal Address
.....
Tel No. Home..(.....)..... **Work**..(.....).....
Fax Number..(.....)..... **E-mail**.....

(b) **Name**.....
Occupation/Position.....
Address.....
.....
Postal Address
.....
Tel No. Home..(.....)..... **Work**..(.....).....
Fax Number ..(.....)..... **E-mail**.....

If you want to provide any additional information, please do so below :

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PLEASE SIGN AND DATE THIS APPLICATION FORM BELOW AND RETURN IT TO SACEE NATIONAL OFFICE AS SOON AS POSSIBLE.

SIGNED

DATE