

Doc No.	TRA 061	
Rev No.	1	
Rev Date.	22/05/2017	

Poor

## PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITAL

<u>1. PERSONAL DETAILS</u>					
Title: Please tick the appropriate box	Mr	Miss Mrs Ms			
First Names:		Surname:			
ID Number:		Home Language:			
Nationality:		Gender:			
Date of Birth (yyyy/mm/dd):		Age:			
Home Town:		Home Province:			

2. CONTACT DETAILS			
E-Mail Address:	Landline number:		
Mobile Number: Alternative contact details:			
Current Address:	Home Address:		

	3. TERTIARY	STUDIES				
Current Institution you are registered at: Please tick the appropriate box			Technikon		University	
Studying towards which type of qualification: Please tick the appropriate box			National Diploma		B-Tech	
Field of study: Please tick the appropriate box Building Science Civil Engineering			Quantity Surveying		Surveying	
Name of the Institution you are studying at?						
What year did you begin studying your qualifica	tion?	20	-			
Currently what year of your studies are you in? Please tick the appropriate box S1			S2	S3	S4	Only require practical training
What year do you expect to complete your qualification? 20						
When will you be available to commence your in	n-service training? (yy	/yy/mm/dd	)			
How many months do you require In-Service training? Please tick the appropriate box 6 Months 12 Months				12 Months		
Where will you reside during your studies? Please tick the appropriate box       University Res			Но	me	Other	
PLEASE ATTACH YC	OUR MATRIC RESULTS	AND ACAL	DEMIC REC	ORD TO DA	ATE	
<u>4. PEI</u>	RSONAL BACKGRO		RMATIO	<u>N</u>		
Where did you grow up?						
What High School did you attend?						

Do you have sibilings, if so how many? How would you describe your health? Please tick the appropriate box Excellent Average

5. ACHIEVEMENTS			
SPORTS	HOBBIES	AWARDS	

6. PREVIOUS STUDIES AND EMPLOYMENT				
	CURRENT	PAST		
Details of other studies				
Past work experience				
Are you currently employed? If so, part-time or full time?				
Please provide details if your answer to the above question was yes.				

	7. PREVIOUS / CURRENT BURSARY OBLIGATIONS				
Have you previously had a bursary? Yes No					
	IF YES, PLEASE PROVIDE US WITH	ADDITIONAL INFORMATION			
Year Company Amount Obligation					

8. FINANCIAL IMPLICATIONS						
What do you expect th	Vhat do you expect the cost of your fees will be next year?					
Fees       Books       Accommodation       Meals       Transport       Other						
How much can you / y	our family contribute	towards the costs?		<u> </u>		
How much is your pare Please tick the appropriate box	ent's / guardians comb	pined <b>(before deductions)</b> m	nonthly income?			
R 0 - R 30 000 R 30 001 - R 50 000 R 50 001 and above						
f you do not get funding how will you cover the costs?						

9. MOTIVATION
Please provide us with the reason you applied to WBHO. As well as a short motivation as to why you should be selected:
What are your career plans after qualifying?
Signature of Applicant: Date (yyyy/mm/dd):

10. PARENT / GUARDIAN DETAILS					
Father					
Surname:	urname: Title:				
First Names:					
Occupation:					
Employer:					
Contact Details:	Employer	Home			
Contact Number:	( )	( )			
Address: Mother Surname: First Names: Occupation:	Title:				
Occupation: Employer:					
Contact Details:	Employer	Ноте			
Contact Number:	( )	( )			
Address:					
Signature of Parent or Guardian: Date (yyyy /mm/dd):					

## **11. UNDERTAKING**

I herby certify that to the best of my knowledge the above information is true and correct. In the event of assistance being granted, I am prepared to enter into the required agreement with the Company in terms of the bursary conditions.

	12. PLEASE PROVIDE THE FOLLOWING DOCUMENTATION ALONG WITH THE APPLICATION FORM
•	Matric Certificate
•	Official Tertiary Academic Record to date
•	Proof of Registration ( For current Year)
	Passport Photo
	Letter from the institute stating In-Service training is required (Name and Student number must be on the letter)
	CV
	Certified ID Copy
	PLEASE NOTE: ALL DOCUMENTATION REQUESTED MUST BE SUBMITTED TO ENSURE YOUR APPLICATION IS ACCEPTED

## PLEASE SUBMIT YOUR APPLICATION AND SUPPORTING DOCUMENTATION TO THE FOLLOWING ADDRESS: in-service\_applications@wbho.co.za