

SOUTH AFRICAN COUNCIL FOR ENGLISH EDUCATION

APPLICATION FORM FOR A BURSARY FOR FURTHER EDUCATION FOR TEACHERS WHO WISH TO IMPROVE THEIR QUALIFICATIONS

Before filling in the information requested below, please note the following points:

1. Applications are considered only from practicing teachers.

Assistance towards obtaining a first teaching qualification cannot be given by SACEE.

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. a school principal, inspector, university/college lecturer. 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. 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 2014 to 31st December 2014, your application form will need to be submitted to SACEE National Office by 31st July 2013. Extensions to this time limit may be allowed in exceptional circumstances.

On completion, this application form should be returned to SACEE National Office by post, fax or e-mail:

Director of Bursaries, SACEE, P O Box 2074, Link Hills, Waterfall, 3652, KwaZulu Natal

Tel/Fax: 031 - 776 4185 (Office hours Monday, Wednesday & Friday 8.30 am to 12.30 pm)

E-mail: sacee@iburst.co.za

**SOUTH AFRICAN COUNCIL FOR ENGLISH EDUCATION
APPLICATION FORM FOR 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.....
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		Divorced		Widowed		Never Married	
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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 **NO** please give details on a separate sheet.

SECTION B : QUALIFICATIONS

In this section, please supply details of the qualifications that you have already acquired. Certified copies of all relevant certificates should accompany this application. A form that is not supported by such copies will automatically be disqualified.

11. SCHOOL QUALIFICATIONS

(a) Which High School(s) did you attend?

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.....

(b) Where did you obtain the Senior Certificate?

.....

(c) When did you obtain this certificate?

.....

12. UNIVERSITY QUALIFICATIONS FIRST DEGREE SECOND DEGREE THIRD DEGREE

DEGREE(S)

UNIVERSITY

DATE(S)

MAJOR SUBJECTS
(i.e. subjects which you
studied to third-year level)

TEACHING SUBJECTS

13. PROFESSIONAL QUALIFICATIONS (e.g. teaching diplomas or certificates)

NAME(S) OF CERTIFICATES.....

DIPLOMA(S)

INSTITUTION(S)

DATE(S)

SUBJECT SPECIALIZATION
(i.e. those subjects that you are
qualified to teach and which
appear on your diploma(s)
or certificate(s)

SECTION C : TEACHING CAREER

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

14.	PREVIOUS TEACHING POSTS <u>Name of the school(s)</u>	KIND OF POST	DATES	TEACHING LEVEL
	1.....	.....	.....	.....
	2.....	.....	.....	.....
	3.....	.....	.....	.....
	4.....	.....	.....	.....

NUMBER OF YEARS OF TEACHING EXPERIENCE : pre-primary, secondary, tertiary -

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15. PRESENT POST :

(a) Name of school

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

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(c) Address of school

.....

Postal Address

.....

(d) Rank of post

(e) Date of appointment

(f) Name of principal

(g) Teaching subjects

(h) To which standards or levels do you teach these subjects?.....

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

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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 FOR NEXT YEAR :

- (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 (gross annual) R.....
 - (b) Husband/wife/partner (gross annual) 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 :
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.....
- (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** _____