



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

COMPENSATION FUND EXTERNAL BURSARY APPLICATION FORM ACADEMIC YEAR 2026

A		DETAILS OF THE STUDY PROGRAMME FOR WHICH YOU WISH TO RECEIVE FUNDING																
Study Programme												First qualification	Yes	No				
Training Institution																		
Student Number / Application Number																		
Year of commencement of study						Anticipated year of completion												
B		PARTICULARS OF APPLICANT																
Dependent of COID beneficiaries with permanent disablement			Unemployed COID beneficiaries with a permanent disablement (COID PWD)				General Young Persons /General Persons with Disabilities <small>Apply only through Financial Aid offices when that request is made to the universities</small>											
COID Pension Administrator	Compensation Fund		Rand Mutual Assurance		Federated Employers Mutual Assurance		Medical Bureau for Occupational Diseases											
Please provide us with the COID Claim number / Pension Number																		
Title					Surname													
First names (in full)																		
Maiden name (if applicable)						Date of birth		<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D			
Identity number (attach certified copy of ID)																		
Are you employed ?		Y	N	Contract			Permanent						Male	Female				
African				Coloured			Indian						White					
Marital status					Citizenship						Home language							
Do you have a disability?			Yes	No	Type of disability													
Residential address (including postal code)																		
Province			GP	NW	LP	MP	FS	KZN	EC	NC	WC							
Local/ District Municipality																		
Postal address (including postal code)													Postal Code					
Telephone number during the day (code and number)								Cellphone Number										
E-mail address (if applicable)								Alternative Number										





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C		ADDITIONAL BURSARY/FUNDING DISCLOSURE														
Do you have an active Bursary/Funding with another Funder?													Yes		No	
Do you have a pending Bursary/Funding Application with another Funder?													Yes		No	
If yes to either, please complete the following table (attach additional pages if needed):																
Name of the Funder				Funding Status				Is the funding full or part payment			If Part Payment, specify % or amount covered					
				Active	Pending			Full	Part							
D		PARTICULARS OF PARENT (Mother) / LEGAL GUARDIAN														
Surname																
First names													Title			
ID Number (Attach a certified copy of ID)																
Residential address and postal code								Telephone number (home)		code						
										number						
								Telephone number (work)		code						
								Postal Code		number						
								COID beneficiary with a permanent disablement				Yes	No			
								Please indicate if you are employed by the Department of Employment and Labour and its entities (CF, UIF, CCMA, Productivity SA, NEDLAC, SEE)				Yes	No			
E		PARTICULARS OF PARENT(Father)/LEGAL GUARDIAN														
Surname																
First Names																
ID Number (Attach a certified copy of ID)																
Residential address and postal code								Telephone Number (home)		code						
										number						
								Telephone Number (work)		Code						
								Postal Code		number						
								COID beneficiary with a permanent disablement				Yes	No			
								Please indicate if you are employed by the Department of Employment and Labour and its entities (CF, UIF, CCMA, Productivity SA, NEDLAC, SEE)				Yes	No			
F		STATEMENT BY APPLICANT														
I, the undersigned, declare that the information stated in this form is true and complete, including the information about my parent/guardian, to the best of my knowledge and belief. I have submitted this information knowing that if I wilfully stated anything I know to be false or do not believe to be true, including any omissions, I may be declared ineligible for funding assistance. I voluntarily consent to the Compensation Fund and/or its representative/s and/or its contractors and/or sub-contractors processing my personal information (in particular, my financial and education information) as defined in the Protection of Personal Information Act 4 of 2013 for the purpose/s of assessing my application for funding assistance. I agree that Compensation Fund may have access to my study results; other training institutions-maintained information and information that I voluntarily submit to the Compensation Fund for monitoring and reporting on my study progress. I accept and acknowledge that this application does not guarantee receiving a Compensation Fund bursary. I further confirm that this application for the COID bursary is for my first qualification, unless the Compensation Fund has approved otherwise in writing, including in instances where the applicant qualifies and is permitted to apply as a COID Person with Disabilities, a dependent of a COID Person with Disabilities, or a dependent of a fatally injured worker.																





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Signature of Applicant		Date	
G	CONSENT BY PARENT (MOTHER) / LEGAL GUARDIAN / COID BENEFICIARY WITH A PERMANENT DISABILITY		
<p>I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to the Compensation Fund and/or its representative/s and/or contractors and/or sub-contractors processing my personal information, in particular, my financial information as defined in the <i>Protection of Personal Information Act 4 of 2013</i> sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable the Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (particularly the Applicant's financial and academic information), where the Applicant is a minor. I understand that I and/or the Applicant may access the collected personal information on request to the Compensation Fund to rectify any inconsistencies therein. I confirm that I am competent to provide this consent on behalf of the minor Applicant. I understand that failure to provide voluntary consent to enable the Compensation Fund to process my personal information (in particular, my financial information) and the Applicant's personal information (in particular, financial and academic information) will result in this application for funding assistance being regarded as incomplete. Therefore, the Applicant's eligibility for funding assistance will not be considered." I note that if the Compensation Fund utilises personal information contrary to the Act's provisions, I may resolve any concerns with the Compensation Fund.</p> <p>I unconditionally agree to indemnify the Compensation Fund, acting in good faith in taking reasonable steps to process the personal information lawfully, against any liability that may result from processing the personal information. This includes unintentional disclosures of such personal information to or access by unauthorised persons and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information provided to the Compensation Fund by myself or by a third party in respect of me.</p>			
Signature of Parent/Guardian		Date	
H	CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN/ COID BENEFICIARY WITH A PERMANENT DISABILITY		
<p>I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to the Compensation Fund and/or its representative/s and/or contractors and/or sub-contractors processing my personal information, in particular, my financial information as defined in the <i>Protection of Personal Information Act 4 of 2013</i> sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable the Compensation Fund to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (particularly the Applicant's financial and academic information), where the Applicant is a minor. I understand that I and/or the Applicant may access the collected personal information on request to the Compensation Fund to rectify any inconsistencies therein. I confirm that I am competent to provide this consent on behalf of the minor Applicant. I understand that failure to provide voluntary consent to enable the Compensation Fund to process my personal information (in particular, my financial information) and the Applicant's personal information (in particular, financial and academic information) will result in this application for funding assistance being regarded as incomplete. Therefore, the Applicant's eligibility for funding assistance will not be considered." I note that if the Compensation Fund utilises personal information contrary to the Act's provisions, I may resolve any concerns with the Compensation Fund.</p> <p>I unconditionally agree to indemnify the Compensation Fund, acting in good faith in taking reasonable steps to process the personal information lawfully, against any liability that may result from processing the personal information. This includes unintentional disclosures of such personal information to or access by unauthorised persons and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information provided to the Compensation Fund by myself or by a third party in respect of me</p>			
Signature of Parent / Guardian		Date	
I	FOR OFFICE USE		
Captured by:		Date Captured:	
Eligibility Status (please tick (\)		Suitable	Pending
Comments:			
Signature:		Date:	



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To process your application, please ensure that you complete all parts of the application form and add the supporting documents. Incomplete application forms would not be processed.		Self-Checklist (Cross where applicable)
Are you an unemployed COID beneficiary with a permanent disablement (An employee who suffered occupational injuries/diseases)	Yes	No
Are you dependent of a COID beneficiary with permanent disablement <i>(Pension Administrators: Compensation Fund, Rand Mutual Assurance, Federated Employers Mutual Assurance and Medical Bureau for Occupational Diseases)</i>	Yes	No
Are you a dependent of a fatally injured employee	Yes	No
Fully completed application form	Yes	No
Attachments		
Certified copy of Identity document / unabridged birth certificate of the Applicant showing details of the COID beneficiaries with a permanent disablement / Fatally injured employees	Yes	No
If you don't have an unabridged birth certificate as a dependant applicant, one of the following documents to confirm eligibility must be submitted	Yes	No
<ul style="list-style-type: none"> a) Proof of Legal Guardianship from the Children's court or b) Family court order to confirm the dependency on the injured worker or c) Forster care confirmation from the Social Worker approved by the district surgeon or d) Maintenance order or e) Paternity tests and f) Any relevant authoritative document 		
The following document will not be accepted as it is subjective.		
<ul style="list-style-type: none"> g) Affidavit/ Sworn Statements 		
Parent(s) or guardians' Identity document (certified)	Yes	No
If either of your parents is deceased, please provide a certified copy of the death certificate	Yes	No
Proof of disablement due to occupational injuries/diseases: Proof of COID Pension Award for disablement/ Final medical report/ Proof of finding <i>Pension Administrators: Compensation Fund, Rand Mutual Assurance, Federated Employers Mutual Assurance and Medical Bureau for Occupational Diseases</i>	Yes	No
Proof of disability (Applicable to General Persons with Disabilities)	Yes	No
Attach Proof of income - Annual Combined household income bracket of R600 000 and below (for Missing middle students) – <i>only applicable to the General Young Persons & Persons with Disabilities who must apply through the respective University Financial Aid Offices.</i>	Yes	No
Certified or official copy of the latest pay slip, three months' bank statements for each parent or your legal guardian or proof of income letter in the form of SASSA grants <i>Dependents of COID beneficiaries with permanent disablement, dependents of fatally injured workers and unemployed COID beneficiaries with permanent disablement are exempted from submitting proof of income</i>		

PRIORITISED FUNDED QUALIFICATIONS

RECOMMENDED PRIORITY QUALIFICATIONS	
Health Professional and related clinical science, Information and Communication Technology (ICT), Engineering, Statistics & Data Science, Actuarial Science, Accounting/Financial Science, Economics/Econometrics, Math & Science Education, Marine/maritime studies, Quality Control and Environmental Health qualifications. In addition, financial assistance is available for continuing students registered for Advanced Diploma/ Honours in Accounting Science (Stream: Certificate in The Theory of Accounting (CTA), Chiropractic, Actuarial Science and Medical Orthotist and Prosthetist in all the public universities in the Republic of South Africa.	
<i>(COID beneficiaries with a permanent disablement, dependents of COID beneficiaries with permanent disablement and dependents of fatally injured workers are not restricted to the list)</i>	

