



REPUBLIC OF SOUTH AFRICA

FORM 1

[Regulation 11]

APPLICATION FOR ASSISTANCE IN RESPECT OF HIGHER EDUCATION AND TRAINING

PROMOTION OF NATIONAL UNITY AND RECONCILIATION ACT, 1995 (ACT 34 OF 1995)

READ THIS FIRST**Only a person who –**

- (a) has been found by the Truth and Reconciliation Commission (TRC) to be a victim; **or**
 (b) is a relative, such as the child, or a dependant of a victim, such as a grandchild or spouse, may request assistance.

To qualify for assistance-

- (a) **the household** of which the person who needs assistance is a member, **must not earn more than R198 000,00 gross income per year; or**
 (b) the person who needs assistance must be a **member of a vulnerable household.**

A **household** consists of the spouse, children, grandchildren, parents and grandparents of a victim.A **vulnerable household** is a household consisting of four or more members, where:

- * the majority of members are over the age of 65 years;
- * the majority of members are receiving social assistance;
- * one member is physically or mentally disabled;
- * one of the members is under the age of 18 years and has to work; or
- * only one of the members is working;

Remember to attach the required documents confirming the information given in this form, for example, certified copies of an identity book and proof of income, otherwise your application will not be considered.

A. PARTICULARS OF PERSON WHO COMPLETES FORM

| | | | |
|--------------------------------|--|-------------------|----------|
| 1. Title: | (Mr, Miss, Mrs, Dr) | | |
| 2. Surname: | | | |
| 3. First Names: | | | |
| 4. ID number: | | 5. Date of birth: | |
| 6. Gender: | *Male / Female | | |
| 7. Highest level of Education: | | | |
| 8. Contact details: | * Home address / Home address of other person (if applicable): <i>(State below the address where you live and to which mail may be sent. If you do not have an address, state the address of another person who can be contacted, e.g. place of worship, school, community leader, etc..)</i> | | |
| | * Postal address / Postal address of other person (if applicable): | | |
| Telephone Numbers: | Home: () | Work: () | Cell no: |

9. (a) Are you completing this form on behalf of somebody else? ***Yes / No**
 (b) If you are completing this form on behalf of somebody else, also complete part B (B1 & B2) below.

10. If you are applying for assistance, complete the following:

- (a) Are you a victim? *Yes / No
- (b) If you are not a victim,
 - (i) what is the name of the victim?
 - (ii) are you a relative or dependant of a victim? *Yes / No
- (c) If you are a relative or dependant of a victim, what is your relationship with the victim:

 (for eg: are you the spouse, child, grandchild or sibling of a victim)

11. (a) If you are applying for assistance, do you have any disability?: *Yes / No

- (b) If yes, give details of the disability:

Signature _____

_____ Date

B.1 PARTICULARS OF PERSON WHO NEEDS ASSISTANCE

Complete this part only if you are applying for assistance on behalf of another person. Indicate here the particulars of the person who needs assistance.

| | | | |
|--------------------------------|---|-------------------|----------|
| 1. Title: | (Mr, Miss, Mrs) | | |
| 2. Surname: | | | |
| 3. First Names: | | | |
| 4. ID number: | | 5. Date of birth: | |
| 6. Gender: | *Male / Female | | |
| 7. Highest level of Education: | | | |
| 8. Contact details: | * Home address / Home address of other person (if applicable): <i>(State below the address where the person who needs assistance lives and to which mail may be sent. If he or she does not have an address, state the address of another person who can be contacted, e.g. place of worship, school, community leader, etc..)</i> | | |
| | * Postal address / Postal address of other person (if applicable): | | |
| Telephone Numbers: | Home: () | Work: () | Cell no: |

9. Is the person who needs assistance:

- (a) A victim? *Yes / No
- (b) If he or she is not a victim,
 - (i) what is the name of the victim?
 - (ii) is he or she a relative or dependant of a victim? *Yes / No
- (c) If he or she is a relative or dependant of a victim, what is his or her relationship with the victim:

 (for eg: are you the spouse, child, grandchild or sibling of a victim)

10. (a) Does the person who needs assistance have any disability? *Yes / No

(b) If yes, give details of the disability:

.....
.....

Signature of the person completing the form on behalf of the person who needs assistance

Date

B.2 PARTICULARS OF FINANCIAL ASSISTANCE/AID/CONCESSIONS RECEIVED BY PERSON WHO NEEDS ASSISTANCE

Complete this part only if the person who needs assistance has received any form of assistance from the State, including NSFAS or an institution contemplated in the Skills Development Act or his / her employer, for example, a bursary or any discount or has been exempted from paying fees. Indicate here the form of assistance and the amount received.

1. Name of the institution / person who granted / is to grant the aid / assistance:

.....

2. The year for which aid / assistance was received or is to be received:

3. Nature and amount of the assistance / aid received or is to be received:

.....

4. Conditions attached to the aid / assistance:

.....

(Attach documents to support the above information.)

C. FORMS OF ASSISTANCE APPLIED FOR

Note that assistance will only be provided in respect of programmes leading to a qualification. The forms of assistance include fees (such as registration costs, tuition fees, costs relating to student counselling, work placement and other administrative costs), boarding and transport allowances, allowances for the purchasing of text books and an allowance when a person works as part of his or her learnership or apprenticeship.

C.1 ASSISTANCE IN RESPECT OF ADULT EDUCATION AND TRAINING (Reg 5)

Note that the highest level of education offered in terms of category C.1 is similar to Grade 9.

Note further that this form of assistance can only be rendered if you are sixteen years of age or older.

I. Assistance in respect of fees and textbooks:

If assistance is needed in respect of **fees and textbooks**, complete the following:

1. Year in respect of which assistance is needed:

2. Details of centre:

(a) Name of centre:

(b) Address of centre:

.....

(Indicate the physical address, in other words, where the centre is situated.)

3. Total amount of fees payable to centre:

(Attach proof of registration at centre and of the amount payable to the centre. Indicate whether the amount payable is per annum or subject or module.)

4. Amount needed to purchase textbooks:

5. Banking details of the centre in whose bank account the money is to be paid:

Name of Account holder:

.....

Name of bank:

Branch code:

Account number:

(Bank in question must affix its stamp here to confirm the banking details of the centre)

II. Assistance in respect of transport:

If assistance is needed in respect of **transport**, complete the following:

1. Method of transport to be used by the person who needs assistance:

2. Particulars of institution / person providing transport:

3. Distance between place of residence of the person who needs assistance and centre where programme is offered:

4. Amount which has to be paid for transport for the year:

(Attach proof of the amount and of the fact that the person who needs assistance, makes use of this method of transport.)

5. Banking details of the institution / person in whose bank account the money is to be paid:

Name of Account holder:

.....

Name of bank:

Branch code:

Account number:

(Bank in question must affix its stamp here to confirm the banking details of the institution/person)

Signature of applicant or the person completing the form on behalf of the person who needs assistance

Date

C.2 ASSISTANCE IN RESPECT OF FURTHER EDUCATION AND TRAINING (Reg 6)

I. Assistance in respect of fees:

If assistance is needed in respect of **fees**, complete the following:

1. Year in respect of which assistance is needed:

2. Details of college:

(a) Name of college:

(b) Address of college:

.....

(Indicate the physical address, in other words, where the college is situated.)

3. Are the studies in respect of which assistance is needed, to be done on a full-time or part-time basis or through distance learning?: ***Full-time** **/Part-time** **/Distance Learning**

4. Total amount of fees payable to college:
(Attach proof of registration at college and of the amount payable to the college. Indicate whether the amount payable is per annum or subject or module.)

5. Banking details of the college in whose bank account the money is to be paid :

Name of Account holder:

Name of bank:

Branch code:

Account number:

(Bank in question must affix its stamp here to confirm the banking details of the college)

II. Assistance in respect of accommodation:

If assistance is needed in respect of **accommodation**, complete the following:

1. Boarding home Details :

Name of hostel / boarding home:

Address of hostel / boarding home:

.....

(Indicate the physical address, in other words, where the hostel / boarding home is situated.)

2. Amount of boarding fees per annum which has to be paid.....
(Attach proof of the amount payable and that the person who needs assistance, is hiring accommodation.)

3. Banking details of the institution / person in whose bank account the money is to be paid:

Name of Account holder:

Name of bank:

Account number:

Branch code:

(Bank in question must affix its stamp here to confirm the banking details of the institution/person)

III. Assistance in respect of transport:

If assistance is needed in respect of **transport**, complete the following:

1. Method of transport to be used by the person who needs assistance:

2. Particulars of institution / person providing transport:

3. Distance between place of residence of the person who needs assistance and college where programme is offered:

4. Amount which has to be paid for transport for the year:
(Attach proof of the amount and of the fact that the person who needs assistance, makes use of this method of transport.)

5. Banking details of the institution / person in whose bank account the money is to be paid:

Name of Account holder:

5. Banking details of the institution in whose bank account the money is to be paid:

Name of Account holder:
Name of bank:
Account number:
Branch code:

(Bank in question must affix its stamp here to confirm the banking details of the institution)

II. Assistance in respect of accommodation:

If assistance is needed in respect of **accommodation**, complete the following:

1. Boarding home Details :

Name of hostel / boarding home:
Address of hostel / boarding home:

.....

(Indicate the physical address, in other words, where the hostel / boarding home is situated.)

2. Amount of boarding fees per annum which has to be paid:
(Attach proof of the amount payable and that the person who needs assistance, is hiring accommodation.)

3. Banking details of the institution / person in whose bank account the money is to be paid:

Name of Account holder:
Name of bank:
Account number:
Branch code:

(Bank in question must affix its stamp here to confirm the banking details of the institution/person)

III. Assistance in respect of transport:

If assistance is needed in respect of **transport**, complete the following:

- 1. Method of transport to be used by the person who needs assistance:
- 2. Particulars of institution / person providing transport:
- 3. Distance between place of residence of the person who needs assistance and institution where programme is offered:
- 4. Amount which has to be paid for transport for the year:
(Attach proof of the amount and of the fact that the person who needs assistance, makes use of this method of transport.)

5. Banking details of the institution / person in whose bank account the money is to be paid:

Name of Account holder:
Name of bank:
Account number:.....
Branch code:

(Bank in question must affix its stamp here to confirm the banking details of the institution/person)

IV. Assistance in respect of textbooks:

If assistance is needed in respect of **textbooks**, complete the following:

- 1. Amount needed to purchase text books:
- 2. Particulars of the text books to be purchased:
-
-
-

(Indicate the name of the author, the title of the book and the price of each book.)

3. Banking details of the institution / person in whose bank account the money is to be paid:

Name of Account holder:

Name of bank:

Account number:

Branch code:

(Bank in question must affix its stamp here to confirm the banking details of the institution/person)

Signature of applicant or the person completing the form
on behalf of the person who needs assistance

Date

C.4 ASSISTANCE IN RESPECT OF SKILLS DEVELOPMENT (Reg 8)

C.4.1 ASSISTANCE IN RESPECT OF LEARNERSHIP OR APPRENTICESHIP

Note that a person whose application for assistance has been approved will only receive the allowance of R 1500,00 per month (Reg 8(1)(c)) during the work experience component of the learnership or apprenticeship for which he or she is registered and if he or she complies with the conditions of the learnership agreement entered into with the employer in terms of the Skills Development Act.

I. Assistance in respect of fees:

If assistance is needed in respect of **fees**, complete the following:

- 1. Year in respect of which assistance is needed:
 - 2. Details of learnership or apprenticeship for which assistance is needed:
 -
 -
 -
 - 3. Details of college:
 - (a) Name of college:
 - (b) Address of college:

(Indicate the physical address, in other words, where the college is situated)
 - 4. Total amount of fees payable to college:
- (Attach proof of registration at college and of the amount payable to the college. Indicate whether the amount payable is per annum or subject or module)*

5. Banking details of the college in whose bank account the money is to be paid:

Name of Account holder:
 Name of bank:
 Account number:
 Branch code:

(Bank in question must affix its stamp here to confirm the banking details of the college)

II. Allowance payable during work experience component of learnership or apprenticeship:

If the allowance payable during the work experience component of a learnership or apprenticeship must be paid to the person who needs assistance, complete the following:

1. Period and year for which the allowance must be paid:
2. Details of employer where the person who needs assistance will be working:
 Name of the employer:
 Physical address of the employer:

3. Contact particulars of the employer:

Telephone number:
 Cellphone number:
 Fax number:

4. Banking details of the college in whose bank account the money is to be paid:

Name of Account holder:
 Name of bank:
 Account number:
 Branch code:

(Bank in question must affix its stamp here to confirm the banking details of the College)

D. PARTICULARS OF COMPOSITION OF HOUSEHOLD

A household consists of the spouse, children, grandchildren, parents and grandparents of a victim.

1. Number of members in household:
2. Number of members in household who are working:
3. Number of members in household who are over the age of 65 years:
4. Number of members in household who are receiving social assistance in terms of the Social Assistance Act:
5. Number of members in household who are physically or mentally disabled as contemplated in section 9 of the Social Assistance Act:
6. Number of members in household who are working in order to contribute to the income of the household and are under the age of 18 years:

(Attach proof in support of the information provided above.)

E. PARTICULARS OF INCOME OF MEMBERS OF HOUSEHOLD

Note that it is not necessary to complete this part if assistance in terms of these Regulations has previously been provided to the person who needs assistance.
 If the space provided on this page is not enough, complete particulars on a separate page/s and attach additional page/s to this form.

Particulars of income of member(s) of household:
 (Indicate whether it is a pension, salary, commission or seasonal and if it is seasonal, give details thereof.)

| | |
|-----------|--|
| Member 1: | Full names and Surname: ID no. Gross annual income: Nature of the income: Relationship with victim: |
| Member 2: | Full names and Surname: ID no. Gross annual income: Nature of the income: Relationship with victim: |
| Member 3: | Full names and Surname: ID no. Gross annual income: Nature of the income: Relationship with victim: |
| Member 4: | Full names and Surname: ID no. Gross annual income: Nature of the income: Relationship with victim: |

F. CERTIFICATION

I,, hereby certify that the information which I have provided above is correct and to the best of my knowledge true. I hereby give permission to the Department of Justice and Constitutional Development to verify the correctness of any of my statements. I know that I can be prosecuted if I knowingly give false information.

Signature of applicant or the person completing the form on behalf of the person who needs assistance

Date

NOTE

The application form must, after completion, be submitted to the dedicated official –
 (a) electronically to the following addresses: **TRCeducation@justice.gov.za**; or
 (b) by facsimile to **086 476 3777**; or
 (c) by registered post to the following address: The Head: TRC Unit, The Department of Justice and Constitutional Development, Private Bag X81, Pretoria, 0001.