



REPUBLIC OF SOUTH AFRICA

FORM 1

[Regulation 13]

APPLICATION FOR ASSISTANCE FOR FIRST TIME APPLICANTS: BASIC EDUCATION
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, 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 R 373 200,00 gross income per year; or**
 (b) the person who needs assistance must be a **member of a vulnerable household.**

The **parent or person exercising parental responsibility over the learner**, may apply for assistance on behalf of the learner.

A **household** consists of the spouse and parents of the learner who needs assistance or the person exercising parental responsibility over the learner who needs assistance.

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;
- * the person who needs assistance is a South African Social Security Agency recipient;
- * the majority of the members of the household are unemployed; or
- * only one of the members is working;

Assistance may be provided only if the learner is enrolled in a public school or public special school. Assistance in respect of basic education offered at an independent special school may be provided only if the administrator is satisfied that the programmes offered by public special schools do not meet the special needs of a learner.

Certified copies of all required documents confirming the information given in this form, for example, identity book and proof of income, etc. must be attached to this application form, 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. 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:
Email address:			
8. (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 parts B.1 & B.2 below.			
9. 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)			
10. Are you a South African Social Security Agency recipient? Yes / No			
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 LEARNER WHO NEEDS ASSISTANCE			
<i>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.</i>			
1. Title:	(Mr, Miss, Mrs)		
2. Surname:			
3. First Names:			
4. ID number:		5. Date of birth:	
6. Gender:	*Male / Female		
7. Contact details:	* Home address / Home address of other person (if applicable): <i>(State below the address where the person who needs assistance live 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:
Email address:			

8. Is the learner 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)

9. Is the learner who needs assistance a South African Social Security Agency recipient? Yes / No

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 learner who needs assistance

Date

B.2 PARTICULARS OF FINANCIAL ASSISTANCE/AID/CONCESSIONS RECEIVED BY THE APPLICANT IN RESPECT OF THE LEARNER
<i>Complete this part only if the person who needs assistance has received or is to receive any form of assistance from the State, for example, a bursary or any discount or has been exempted from paying school fees. Indicate here the form of assistance and the amount received or to be received.</i>
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. PARTICULARS OF SCHOOLING	
1. The year for which assistance is applied:	
2. Name of the learner:	
3. Name of school at which learner registered:	
.....	
4. Is the school a public school or special school:	
5. Address of public school or special school:	
.....	
(Indicate the physical address where the public school or special school is situated)	
6. Telephone number of public school or special school:	
7. Admission Number:	
8. Grade passed previous year:	
9. Grade in current year of study:	
(Attach documents to support the above information.)	

D. INFORMATION OF PREVIOUS SCHOOL	
<i>Complete this part only if the learner who receives assistance is applying for assistance to study in another school.</i>	
1. (a) Learner attended a previous school:	Yes / No
(b) If yes, in which City/Province:	
2. Name of previous public school or special school:	
3. Address of previous public school or special school:	
4. Telephone number of previous public school or special school:	
5. Highest grade in previous public school or special school:	
6. Reason for leaving previous public school or special school:	
.....	
(Attach documents to support the above information, including transfer card, if applicable)	

E. FORMS OF ASSISTANCE APPLIED FOR	
The forms of assistance include: payment of school fees, allowances for the purchasing of school uniforms, boarding and transport allowances, allowances for the purchasing of supplementary learning and teaching support material and payment of an allowance in respect of psychosocial support.	
E.1 ASSISTANCE IN RESPECT OF GRADE R (Reg 7)	
I. Assistance in respect of school fees:	
If assistance is needed in respect of school fees , complete the following:	
1. Total amount of fees payable to public school or special school:	
(Attach proof of the amount payable and indicate whether the amount payable is per annum or term.)	

2. Banking details of the public school or special school 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 school)

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 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 learner who needs assistance is hiring accommodation.)

3. (a) Is the public school or special school attended / to be attended by the learner who needs assistance the nearest public school or special school? **Yes** **/No**

(b) If not –

(i) Is there transport available directly from the place of residence of the learner who needs assistance and the nearest public school or special school? **Yes** **/No**

(ii) If the learner cannot be accommodated at the nearest public school or special school, indicate why not:

The nearest public school or special school is full

or

The learner who needs assistance has special needs, namely:

.....

4. 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 school)

III. Assistance in respect of the purchasing of school uniform:

If assistance is needed in respect of the purchasing of a **school uniform**, complete the following:

1. 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 school)

IV. Assistance in respect of transport:

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

1. 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 school)

V. Assistance in respect of the purchasing of supplementary learning and teaching support material:

If assistance is needed in respect of the purchasing of **supplementary learning and teaching support material**, complete the following:

1. Does the public school or special school attended / to be attended by the learner who needs assistance require the learner to use **supplementary learning and teaching support material**? **Yes** **/No**
2. If yes, amount applied for the **supplementary learning and teaching support material** per annum:
(Attach proof of the amount payable and that the learner, is required to use the supplementary learning and teaching support material.)

3. 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 school)

VI. Assistance in respect of an electronic device:

If assistance is needed in respect of the purchasing of **an electronic device**, complete the following:

1. Does the public school or special school attended / to be attended by the learner who needs assistance require the learner to use **an electronic device** **Yes** **/No**
2. If yes, amount applied for the **electronic device** per annum:
(Attach proof of the amount payable and that the learner, is required to use the electronic device.)

3. 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 school)

VIII. Assistance in respect of psychosocial support:

If assistance is needed in respect of the purchasing of **psychosocial support**, complete the following:

1. Amount needed for **psychosocial support**:
2. Details of the **psychosocial support** needed:

3. Particulars of the person providing the **psychosocial support**:

.....

4. 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 school)

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

_____ Date

E.2 ASSISTANCE IN RESPECT OF GENERAL EDUCATION (Reg 8)

I. Assistance in respect of school fees:

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

1. Total amount of fees payable to public school or special school:
(Attach proof of the amount payable and indicate whether the amount payable is per annum or term.)

2. Banking details of the school 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 school)

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 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 learner who needs assistance is hiring accommodation.)

3. (a) Is the public school or special school attended / to be attended by the learner who needs assistance the nearest public school or special school? **Yes /No**

(b) If no –

(i) Is there public transport available directly from the place of residence of the person who needs assistance and the nearest school? **Yes /No**

(ii) If the learner cannot be accommodated at the nearest public school or special school, indicate why not:

The nearest public school or special school is full
Or

The learner who needs assistance has special needs, namely:

4. 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 school)

III. Assistance in respect of purchasing of school uniform:

If assistance is needed in respect of the purchasing of a **school uniform**, complete the following:

1. 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 school)

IV. Assistance in respect of transport:

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

1. 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 school)

V. Assistance in respect of the purchasing of supplementary learning and teaching support material:

If assistance is needed in respect of the purchasing of **supplementary learning and teaching support material**, complete the following:

1. Does the public school or special school attended / to be attended by the learner who needs assistance require the learner to use **supplementary learning and teaching support material**? Yes /No

2. If yes, amount applied for the **supplementary learning and teaching support material** per annum:

(Attach proof of the amount payable and that the learner who needs assistance, is required to use supplementary learning and teaching support material.)

3. 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 school)

VI. Assistance in respect of an electronic device:

If assistance is needed in respect of the purchasing of **an electronic device**, complete the following:

1. Does the public school or special school attended / to be attended by the learner who needs assistance require the learner to use **an electronic device**? **Yes** **/No**

2. If yes, amount applied for the **electronic device** per annum:
(Attach proof of the amount payable and that the learner, is required to use the electronic device.)

3. 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 school)

VII. Assistance in respect of the personal care allowance:

If assistance is needed in respect of the **personal care allowance**, complete the following:

1. 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 school)

VIII. Assistance in respect of psychosocial support:

If assistance is needed in respect of the purchasing of psychosocial support, complete the following:

1. Amount needed for **psychosocial support**:

2. Details of the **psychosocial support** needed:

3. Particulars of the person providing the **psychosocial support**:
.....

4. 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 school)

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

Date

E.3 ASSISTANCE IN RESPECT OF FURTHER EDUCATION (Reg 9)

I. Assistance in respect of school fees:

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

1. Total amount of fees payable to school:
(Attach proof of the amount payable and indicate whether the amount payable is per annum or term.)

2. 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 school)

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 where the hostel / boarding home is situated.)

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

3. (a) Is the school attended/to be attended by the person who needs assistance the nearest school? **Yes /No**

(b) If not –

(i) Is there transport available directly from the place of residence of the learner who needs assistance and the nearest public school or special school? **Yes /No**

(ii) If the learner who needs assistance cannot be accommodated at the nearest school, indicate why not:

The nearest school is full

or

Beneficiary has special needs, namely:

4. 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 school)

III. Assistance for the purchasing of school uniform:

If assistance is applied for in respect of the purchasing of a **school uniform**, please complete the following:

1. 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 school)

IV. Assistance in respect of transport:

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

1. 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 school)

V. Assistance in respect of the purchasing of supplementary learning and teaching support material:

If assistance is needed in respect of the purchasing of **supplementary learning and teaching support material**, complete the following:

1. Does the public school or special school attended / to be attended by the learner who needs assistance require the learner to use **supplementary learning and teaching support material**? **Yes /No**

2. If yes, amount applied for the **supplementary learning and teaching support material** per annum:

.....

(Attach proof of the amount payable and that the learner who needs assistance, is required to use supplementary learning and teaching support material.)

3. 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 school)

VI. Assistance in respect of an electronic device:

If assistance is needed in respect of the purchasing of **an electronic device**, complete the following:

1. Does the public school or special school attended / to be attended by the learner who needs assistance require the learner to use **an electronic device**? **Yes /No**

2. If yes, amount applied for the **electronic device** per annum:.....

(Attach proof of the amount payable and that the learner, is required to use the electronic device.)

3. 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 school)

VII. Assistance in respect of the personal care allowance:

If assistance is needed in respect of the **personal care allowance**, complete the following:

1. 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 school)

VIII. Assistance in respect of psychosocial support:

If assistance is needed in respect of the purchasing of **psychosocial support**, complete the following:

1. Amount needed for **psychosocial support**:
2. Details of the **psychosocial support** needed:
3. Particulars of the person providing **psychosocial support**:
4. 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 school)

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

 Date

F. PARTICULARS OF COMPOSITION OF HOUSEHOLD

A household for purposes of this paragraph consists of –

- (i) a person married to a victim under any law, custom or belief;*
- (ii) a child of a victim irrespective of whether or not the child was born of unmarried parents or was adopted;*
- (iii) a grandchild of a victim;*
- (iv) the parents of a victim; and*
- (v) the grandparents of a victim*

Particulars of household:

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:
 7. Number of members of the household who are unemployed:
- (Attach proof in support of the information provided above.)

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

 Date

G. PARTICULARS OF INCOME OF MEMBERS OF HOUSEHOLD

Note:
 (i) It is not necessary to complete this part if assistance in terms of these Regulations has previously been provided to the learner who needs assistance.
 (ii) For the purposes of this paragraph, a household consists of the spouse and parents of or the person exercising parental responsibility over the learner who needs assistance.
 (iii) 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:

H. 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 learner 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.