



REPUBLIC OF SOUTH AFRICA

**FORM 3**

**[Regulation 18]**

**SUBSEQUENT APPLICATION FOR ASSISTANCE**

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

**READ THIS FIRST**

1. A subsequent Application for assistance means that the learner has already received assistance in terms of the Regulations for a previous year and wants to receive further assistance.
2. A learner may only receive further assistance if he or she has been registered at a public school or special school where he or she wants to study.
3. A learner may only receive assistance in terms of the Regulations for a limited period as mentioned in the Regulations.
4. Certified copies of all required documents confirming the information given in this form must be attached to this application form, otherwise the application will not be considered.

**A. PARTICULARS OF THE APPLICANT**

1. Title:				(Mr, Miss)
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) Does the learner who needs assistance have any disability:

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

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\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**A.2 PARTICULARS OF FINANCIAL ASSISTANCE/AID/CONCESSIONS RECEIVED BY THE LEARNER**

**Complete** this part only if the person who needs assistance has received 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.

- 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:  
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.....

**(Attach documents to support the above information.)**

**B. PARTICULARS OF SCHOOL WHERE LEARNER IS ENROLLED**

- 1. The year for which assistance is applied: .....
- 2. Name of school at which learner registered: .....
- 3. Is the school a public school or special school: .....
- 4. Address of public school or special school: .....
- .....  
(Indicate the physical address where the public school or special school is situated)
- 5. Telephone number of public school or special school: .....
- 6. Admission Number: .....
- 7. Grade in current year of study: .....

**(Attach documents to support the above information.)**

**C. INFORMATION OF PREVIOUS SCHOOL**

- 1. (a) Learner attended a previous school? **Yes / No**
- (b) If yes, in which City/Province: .....
- 2. Name of previous school at which learner was registered: .....

3. Is the previous school a public school or special school: .....
4. Address of previous public school or special school: .....
5. Telephone number (if known), of previous public school or special school: .....
6. Grade passed previous year: .....

**(Attach documents to support the above information, including transfer card, if applicable)**

**D. PARTICULARS OF FURTHER ASSISTANCE NEEDED**

**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 no –

(i) Is there public 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)*

**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. 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**
- (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.