



# SACTWU SPECIAL SCHOOLS FUND APPLICATION FORM 2010

For Office  
Use

## DETAILS OF LEARNER

Surname: \_\_\_\_\_

First name in full: \_\_\_\_\_

Date of birth (dd/mm/yy): \_\_\_\_\_ Age : \_\_\_\_\_ years

Identity number: \_\_\_\_\_ Sex:  M  F

Home address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Name of School : \_\_\_\_\_ Grade : \_\_\_\_\_

School Fees of Learner (Amount) : \_\_\_\_\_

Is the SACTWU member your  Mother  Father  Guardian

## DETAILS OF SACTWU MEMBER

Surname: \_\_\_\_\_

First names in full: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Telephone No (Home) ( \_\_\_\_\_ ) \_\_\_\_\_ Cell No \_\_\_\_\_

Name of your factory: \_\_\_\_\_

Telephone number of factory : ( \_\_\_\_\_ ) \_\_\_\_\_ Fax No : ( \_\_\_\_\_ ) \_\_\_\_\_

Your occupation : \_\_\_\_\_ Clock card number: \_\_\_\_\_

How many years have you worked for this factory : \_\_\_\_\_

How many years have you been a union member : \_\_\_\_\_

I am employed in the :

Clothing Industry  Textile Industry  Leather Industry  Distribution (Retail)  Staff

SACTWU Branch \_\_\_\_\_ SACTWU Region \_\_\_\_\_

I, (name and surname of Member) \_\_\_\_\_

hereby confirm that all the information furnished above is correct.

Signature of Member : \_\_\_\_\_ Date: \_\_\_\_\_

### Details of Special School:

Name of School : \_\_\_\_\_

LSEN Registration No : \_\_\_\_\_

Postal Address : \_\_\_\_\_

Code: \_\_\_\_\_

Physical Address : \_\_\_\_\_

Code: \_\_\_\_\_

Telephone number : (\_\_\_\_\_) \_\_\_\_\_ Fax number : (\_\_\_\_\_) \_\_\_\_\_

E Mail : \_\_\_\_\_

#### Banking Details

Name of Bank \_\_\_\_\_

Name of Branch \_\_\_\_\_

Branch Code \_\_\_\_\_

Account no \_\_\_\_\_

Name of Account \_\_\_\_\_

### HINTS TO COMPLETE

1. Please complete all information requested on the application form.
2. Write clearly and legibly (please PRINT).
3. Please ensure that all documents are certified copies and are submitted promptly.  
(Your local Post Office or Police Station will be able to certify documents)

#### *The following documents must be submitted with this application form:*

1. **Certified copy of learner's identity document or birth certificate**
2. **Certified copy of both parents' identity document**
3. **Latest original payslip of parent who is a member of SACTWU**
4. **Original letter, statement or invoice from school confirming learner's fees**
5. **School's Bank account details**
5. **Proof for difference in surnames (e.g. Affidavit and marriage certificate)**

### IMPORTANT INFORMATION TO NOTE

1. A once off annual sponsorship of R500 will be paid per learner.
2. Payment for each learner will be made directly to the school.
3. Only children of SACTWU members qualify for this sponsorship.
4. All applicants will receive written notification of acceptance or otherwise.

#### **Application must be posted to:**

SACTWU Bursary Department

P.O. Box 18359

Dalbridge 4014

Tel (031) 3011351

Fax (031) 3051039

#### **CLOSING DATE**

28<sup>th</sup> FEBRUARY 2009

**Faxed copies will not be accepted**