

**DEMOCRATIC NURSING ORGANISATION OF
SOUTH AFRICA (DENOSA)**

DENOSA STUDY FUND COMMITTEE

APPLICATION FOR A BURSARY

ADDRESS

**The Secretary
DENOSA STUDY FUND COMMITTEE
PO Box 1280
PRETORIA
0001**

DENOSA STUDY FUND COMMITTEE

Bursaries administered by the DENOSA STUDY FUND COMMITTEE are ONCE ONLY donations and will not automatically be renewed. In other words if you need further financial assistance, you will have to apply for a further bursary every year, on the prescribed application form. CLOSING DATE is 31 January 2016. LATE applications CANNOT be considered. PLEASE NOTE that the amounts of the bursaries are **SMALL** and, should a bursary be awarded, it will only cover a small portion of the expenses.

Application forms are obtainable from:

- The Secretary, DENOSA Study Fund Committee, P O Box 1280, Pretoria, 0001.
- Provincial Offices of DENOSA, and not from the offices of donor firms.

Completed application forms must be returned to the Secretary, DENOSA Study Fund Committee, P O Box 1280, Pretoria, 0001 and NOT TO THE FIRMS OR PROVINCIAL OFFICES. Applicants must under no circumstances correspond with the firms in respect of bursaries, except to thank them. Some firms object to this inconvenience. Applicants will be advised of the result of their application in April 2016 at the earliest.

REQUIREMENTS

- Applicants must have been fully paid-up members of DENOSA for a minimum of 2 (TWO) years immediately preceding the application, before an application can be made for a bursary for 2016.
- A member must be fully paid-up with DENOSA for the academic year for which he/she applies and remain a paid-up member of DENOSA for the duration of the course/degree for which the bursary was awarded.

Candidates:

- must be registered nurses and/or midwives;
- should have undertaken a certain amount of approved post-basic work;
- must have completed an application form;
- must have been accepted for the course and proof of registration with the educational institution for the 2016 academic year, must be attached to the application form. (Should such proof of registration not be available by the closing date, arrangements can be made with the secretary to provide it at a later stage);
- Application forms MUST be signed in the presence of a Commissioner of Oaths and attested by him/her.

POST-BASIC UNDERGRADUATE COURSES

For courses taken at South African Universities or Technikons:

- Must be a Bachelor's degree in nursing;
- Only those who have successfully passed at least half of the program/courses, will be considered; (6 courses).
- Candidates are required to submit proof by the University/Technikon of courses passed towards attainment of the degree e.g. copies of examination results.

POST-BASIC DIPLOMA COURSES

In cases of diploma courses of more than one year duration, at least half of the course must have been successfully completed. This stipulation does not apply to candidates undertaking a one year course.

SHORT COURSES

- Must be listed with the S A Nursing Council;
- If not listed with the SANC, the applicant must support the application with a motivation as to how this course will improve her/his practice as a nurse.

BRIDGING COURSE

The first year of the study must be successfully completed before an application will be considered.

INCOME

Nurses who are on full paid study leave while undertaking the course, are required to mention this when applying for a bursary.

CHANGE OF COURSE

Should a candidate wish to change his/her course of study and/or training institution, the prior approval of the DENOSA Study Fund Committee MUST be obtained in order to utilise the awarded bursary for the new course or training institution.

REPORTS FROM BURSARY HOLDERS

Progress reports MUST be submitted annually until completion of the course/degree for which the bursary was awarded. Progress reports must reach the secretary on or before 14 February of each year. Should no progress report have been received by 14 February of a particular year, the bursary may be requested, without referring back to the Committee, to return the bursary.

BURSARIES WILL BE AWARDED TO STUDENTS ACCORDING TO MERIT IN 2016. FUNDS WILL BE DEPOSITED INTO THE INSTITUTION'S ACCOUNT, NOT THE APPLICANT'S PERSONAL BANKING ACCOUNT.

PLEASE COMPLETE APPLICATION IN PRINT (FAXED APPLICATION FORMS WILL NOT BE CONSIDERED)

CLOSING DATE - 31 JANUARY

DENOSA MEMBERSHIP NUMBER

*** *This application will only be considered if the application form is fully completed.*

1. PERSONAL PARTICULARS

1.1 Surname :

1.2 Maiden Name:

1.3 First Names :

1.4 Date of birth :

1.5 Identity No: **(attach copy of ID to this form)**

1.6 Home address: **(Use reliable add only?)** 1.7 Postal address:

.....

Code: Code:

1.7 When did you join **DENOSA?**

1.8 Telephone No. (H)..... (W) (Cell)

E-mail address:

1.9 Work address of applicant in full:

.....

1.10 Population Group:

(Your Population Group must be mentioned should you want to apply for a specific bursary).

1.12 Mark with an X in the appropriate spaces:

MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	MARRIED	<input type="checkbox"/>
SINGLE	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>	WIDOW(ER)	<input type="checkbox"/>

2. SCHOOL EDUCATION

Date of matriculation examination:

Name of School:

Town/City

3. UNIVERSITY AND/OR PROFESSIONAL TRAINING

Particulars regarding degrees / diplomas and/or other qualifications obtained.

Name of University or Institution	Degree / Diploma or other qualification obtained	Honours or awards received	Date on which Degree/Diploma was obtained	Date of registration with S A N C

***** Original Certificates must be presented to the Commissioner of Oaths.
Certified photocopies must be attached to the application form.**

4. PROFESSIONAL EXPERIENCE
(In chronological order - including part-time appointments).

Employer (Also state present hospital/service)	Post held (Indicate number of sessions)	Permanent/ Part-time	From - to	Reasons for leaving

5. S A NURSING COUNCIL

5.1 Receipt number:.....

5.2 Renewal of registration - date issued:

6. DEMOCRATIC NURSING ORGANISATION OF SOUTH AFRICA (DENOSA)
(Only paid-up, members qualify for a bursary)

Applicants must have been fully paid-up members of DENOSA for a minimum of **2 (TWO)** years before an application can be made for a bursary for 2016.

6.1 Membership number:

6.2 Receipt number for current financial year:.....

6.3 Member of Province.

7. INFORMATION REGARDING PROPOSED COURSE / RESEARCH

- *Students who are undertaking a post-basic undergraduate programme must have completed at least half of the programme*
- *Students who are undertaking a post basic diploma course of more than one year duration must have completed at least half of the course before an application will be considered. Official proof thereof must be submitted by the applicant.*
This stipulation does not apply to courses of one year duration.

7.1 Course:

7.1.1 Title of Course:.....

7.1.2 Training school/hospital/college/university where course is undertaken.

7.1.3 Date of commencement:.....

7.1.4 Period of time in which study will be completed:

7.1.5 Written proof that the training institution has approved your enrolment of the course, **should be** attached to this application.

7.2 Particulars regarding degree / diploma or other qualification for which a bursary is applied:

Name of University / College / Technikon	Degree/Diploma which you are busy with at present	Subjects already passed	Subjects still outstanding

8. STUDY LEAVE AND INCOME

8.1 Is study leave granted?

 Yes No

8.2 If so, on what basis?

8.3 Do you receive a salary/income?

 Yes No

8.4 What is the gross amount per annum?

SELF

SPOUSE

(Proof of gross salary must be attached - salary advice or certified copy thereof).

9. ACTUAL EXPENSES

ITEM	Amount	Who is paying these		
		Employer	Self	Other
* Registration fee				
Tuition fee				
Examination fee				
Prescribed books				
Board and Lodging (if away from permanent place of residence)				

**** Proof of registration fee paid to the teaching institution for the academic year for which a bursary is required, must be attached.**

10. OTHER INFORMATION

10.1 Do you intend returning to your present post after completion of the course?.....

10.2 If not, to which position?.....

10.3 Are you required to enter into a contract?.....

10.4 If so, state nature of contract:

10.5 Have you received a bursary for this course previously?

10.6 If so, specify which bursary:

WHAT AMOUNT?

10.7 Do you currently have any other source of funding?.....

If yes, how much?

From which funding agency?.....

IF SUCCESSFUL; FUNDS WILL BE DEPOSITED INTO THE UNIVERSITY/TECHNIKON'S ACCOUNT:

BUSINESS TRADING NAME/INSTITUTION: BANK:

BRANCH CODE:..... STUDENT NO: AS REF:

ACC. NO:

11. DO YOU HAVE ANY HEALTH PROBLEMS?

Specify: .
.....
.....
.....
.....

12. SWORN AFFIDAVIT

I, the undersigned,.....
(Full names and surname)

Hereby declare under OATH that the contents of this application are complete and correct.

.....
DATE

.....
SIGNATURE OF APPLICANT

COMMISSIONER OF OATHS

*(The Commissioner of Oaths must
Satisfy him/herself of the authenticity
of the certificates declared under
item 3 on page 2.)*

INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.