



health

Department:
Health
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



2nd Floor, Health Office Park
Private Bag X 2068
MMABATHO
2735

HUMAN RESOURCE DEVELOPMENT

Tel: +27 (0)18 391 4204/4478
Email: yvonnetsikang@nwpg.gov.za
lmrapholo@nwpg.gov.za
www.nwhealth.gov.za

28 FEBRUARY 2023

**THE REGISTRAR
NORTH WEST UNIVERSITY (MAFIKENG CAMPUS)
PRIVATE BAG X 6001
POTCHEFSTROOM
2135
BURSARY DEPARTMENT**

REQUEST FOR STUDENTS IN NEED OF BURSARY FOR 2023 ACADEMIC YEAR

The Department of Health North West has embarked on developing youth in the Province through bursary scheme. You are requested to provide the Department with applications forms of twenty (20) students who need bursaries studying Clinical Psychology. The Department will shortlist the targeted number from the applications received.

Selection Criteria

1. Age: 18-35 years
2. Mix genders
3. Mix races
4. Must be North west province residents (attach proof of residence)
5. Must not be having sponsors and struggling to pay their fees
6. Attach proof of registration
7. Attach certified ID Copy
8. Attach certified Matric Certificate Copy

It will be appreciated if we can have the Application forms by 10 March 2023. Applications should be send to the following emails: yvonnetsikang@nwpg.gov.za and lmrapholo@nwpg.gov.za

NB: Please use the attached application form.



**MS K.G KGAJE
ACTING DIRECTOR: HRD**





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SECTION A

1. APPLICANT'S DETAILS

NB. Surname and all Names as they appear on the Green Bar coded Identity Document) / Smart card

Surname: _____ Name/s: _____

Gender: _____ ID NO: _____ E-mail Address _____

Postal Address: _____ Code _____

Contact No.: _____ alternative number: _____

Rank: _____ Appointment date: _____ Persal No: _____

Institution of employment: _____ Directorate: _____

Permanent Residential /Home Address: House No: _____

Street /Section / Block / Unit / Extension: _____

Name of Village / Town / Farm / Township: _____

Type of place (Tick block)

| | | | | |
|---------|----------|--------------|------|------|
| Village | Township | Small Dorpie | Town | Farm |
|---------|----------|--------------|------|------|

DISTRICT MUNICIPALITY:

| | | | |
|-----------------|----------|------------------|---------------|
| Ngaka M. Molema | Bojanala | Dr. R.S. Mompoti | Dr. K. Kaunda |
|-----------------|----------|------------------|---------------|

LOCAL MUNICIPALITY: _____

DISABILITY: YES NO if yes, describe the nature of disability _____

RACE: (Tick block)

| | | | |
|---------|----------|--------|-------|
| African | Coloured | Indian | White |
|---------|----------|--------|-------|

SECTION B

ACADEMIC DETAILS

1. MATRICULATION OR EQUIVALENT CERTIFICATE OBTAINED

Highest Standard Passed: _____

Year obtained: _____

Name of School: _____

(PUBLIC/PRIVATE SCHOOL)

Subjects: _____

LOCATION OF SCHOOL

Town: _____

Village: _____

2. TERTIARY TRAINING OBTAINED

Name of Institution: _____

Degree/Diploma: _____

Year obtained: _____

3. STUDY PROGRAMME FOR THE NEXT ACADEMIC YEAR: 2022/2023

Name of Degree / Diploma (Full name): _____

Name of Tertiary Institution: University / University of Technology / TVET College applied to or registered with
(Full name): _____

Duration of the programme: _____

Level/Year of Study in 2023:
(Tick block with an X)

| | | | | | |
|----------|----------|----------|----------|----------|----------|
| 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year | 6th Year |
|----------|----------|----------|----------|----------|----------|

NB: Attach certified Identity document, matric certificate and highest qualification copies.

Attach proof of registration or admission to the training institution

SECTION C

DECLARATION: TO BE SIGNED BY AN APPLICANT

I declare that the information stated above is to the best of my knowledge, true and correct. I understand the conditions governing the grant of the bursary and that any false information will automatically disqualify me from obtaining the bursary. And if I am not successful, I will be fully responsible for all the required fees by the university/college.

SIGNATURE: APPLICANT

DATE: _____

RECOMMENDED/NOT RECOMMENDED

SIGNATURE: INSTITUTIONAL MANAGER

DATE: _____