



ISFAP

Ikusasa Student Financial Aid Programme

ISFAP APPLICATION FORM

Section A: Personal Details												
First Names:												
Surname:												
Identity Number:												
Race:	Black African	White	Indian/Asian	Coloured	Other							
Do you have a disability?	Yes					No						
Disability Type:	Please Specify:											
*Preferred Method of Contact	Email						SMS					

Section B: Study Details			
Name of Qualification:	Report 191 N1 & N2 Electrical / Boilermaking <i>(Indicate your field of preference)</i>		
Name of Institution:	ORBIT TVET College: Mankwe Campus		
Qualification Start Date:	11 September 2017		
Type of Study:	Full Time		

Section C: Latest Academic Results				
Current Institution	High School	College	University	Other
Name of Institution				
Previous Academic Results	Subject/Course/Module		Result (%)	
Type of Study:	Full Time	Part Time	Distant learning	

Section D: Residential Details	
Residential Address:	
	Code:
Postal Address (if different from Residential Address):	
	Code:

Section E: Contact Details	
Contact Number:	
Alternate Phone Number:	
Alternate Contact Person:	
Email Address:	



Section F: Student Banking Details	
Bank Name:	
Branch Name:	
Branch Number:	
Account Number:	
Account Type:	

Section G: Household Details	
Number of Dependants	
Dependant's ID Numbers	Dependant 1:
	Dependant 2:
	Dependant 3:
	Dependant 4:
	Dependant 5:

Section H: Father/Legal Guardian Details	
Name and Surname:	
Identity Number	
Contact Number	
Email Address	
Currently Employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation	
Company Name	
Employer Contact Details	
Household Contributor?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section I: Mother/Legal Guardian Details	
Name and Surname:	
Identity Number	
Contact Number	
Email Address	
Currently Employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation	
Company Name	
Employer Contact Details	
Household Contributor?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section J: Other Info	
Accommodation Funding required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accommodation Type	On Campus: Mankwe Campus



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Consent Form

I/We, the undersigned _____ (Full names and surname)
with Identity Number _____ and _____
(Full names and surname) with Identity Number _____ hereby
certify that I/we are the parents or guardians or spouse of _____
(Full names and surname) with Identity Number _____ and
Student Number _____ hereby declare, agree and undertake the
following towards Ikusasa Student Financial Aid Programme (Hereinafter 'ISFAP'):

1. I/We the undersigned, acknowledge that ISFAP wishes to assist my/our child and to facilitate his/her application for ISFAP Funding.
2. I/We hereby give consent to ISFAP and/or such other person or entity ISFAP may designate, the absolute right and permission to conduct creditworthy checks, affordability assessments and to verify my/our household income in order to ascertain whether my/our child qualifies for ISFAP Funding.
3. I/We acknowledge that the above checks and assessments by ISFAP will be conducted strictly in accordance and/or in compliance with the provisions of the National Credit Act No 34 of 2005.
4. I/We also acknowledge that ISFAP is committed to protecting and promoting the privacy of my/our Personal Information including that of its students or any other individuals or organisation and to give effect to the constitutional right to privacy and to fulfil its obligations under the Protection of Personal Information Act No 4 of 2013 (Hereinafter 'POPI').
5. I/We hereby give consent to ISFAP to process my/our Personal Information where the processing is necessary and only for purposes of conducting credit checks and verifications for study funding.
6. ISFAP acknowledges and agrees that the Personal Information will not, under any circumstances, be processed for purposes prohibited by POPI and/or the principles contained in POPI and that the processing of Personal Information will be done fairly and in accordance with legal provisions, given that the purpose for which processing of the Personal Information is adequate, relevant and not excessive.
7. I/We herewith defend, indemnify and hold harmless ISFAP from any action or claim of any nature whatsoever that might be brought by any person whatsoever against ISFAP as a result of any personal loss, injury or damage arising directly or indirectly from any act or omission on my/our part relating to or incidental to the failure from my/our part to honour the above provisions, or otherwise, as the case may be.
8. I/We acknowledge and agree that I/We have read this consent form in its entirety and that I/We fully understand the nature, content and implications hereof and agree hereto, and that I/We shall be fully bound hereto from date of signature hereof.

Signed at _____ on this _____ day of _____ 20_____

Print Name and Surname (Parent/Spouse/Guardian's Signature)

Signed at _____ on this _____ day of _____ 20_____

Print Name and Surname (Parent/Spouse/Guardian's Signature)