

# WESTFALIA FRUIT EDUCATION FUND



## APPLICATION FORM

PLEASE COMPLETE THE APPLICATION FORM IN **BLOCK LETTERS**

SURNAME OF APPLICANT \_\_\_\_\_

FULL NAMES OF APPLICANT \_\_\_\_\_

### APPLICATION AND SUPPORTING DOCUMENTATION

### SUBMISSION DEADLINE DATE

APPLICATION FOR BENEFITS	31 AUGUST 2021
CONFIDENTIAL REPORT	31 AUGUST 2021
MID-YEAR ACADEMIC RESULTS	31 AUGUST 2021
PROOF OF ENROLMENT AT TERTIARY INSTITUTION FOR 2022	31 AUGUST 2021
CERTIFIED COPY OF IDENTITY DOCUMENT	31 AUGUST 2021
QUOTATION FROM INSTITUTION	31 AUGUST 2021
CERTIFIED COPY OF ACADEMIC FINAL RESULTS (LATE SUBMISSIONS WILL NOT BE CONSIDERED)	UPON ISSUE & NO LATER THAN 8 JANUARY 2022

### IMPORTANT

1. Please complete **all pages** of the *Application for Benefits form (Annexure B)*.
2. Please submit your *latest academic results – the official mid-year (June) results*.
3. First-Time applicants should forward a certified copy of their *final Senior Certificate / Grade 12 Certificate / Academic Results* to their HR department as soon as it becomes available, but no later than 8 January of the New Year.
4. Please provide proof of enrolment at the Tertiary Institution in 2022. Incomplete applications will not be considered.
5. All applicants are to provide fully completed forms along with all supporting documentation in order to be considered. Incomplete applications will not be processed.

**Students may not change their course or institutions during their academic year without prior notification and authorisation from the Human Resources Department.**

**Incomplete applications will not be considered.**

**APPLICATION FOR FUNDING FORM – *FIRST-TIME APPLICANTS***

This application must be completed by the applicant in his or her own handwriting and must be submitted to the Human Resources Department concerned on, or before, 1 August of the year prior to the intended year of study.

STUDENT TO COMPLETE: PERSONAL PARTICULARS					
SURNAME (BLOCK LETTERS)				TITLE: (i.e. Mr/Ms)	
FIRST NAMES (IN FULL)			PREFERRED NAME		
DATE OF BIRTH			ID NUMBER		
GENDER			RACE		
TELEPHONE NUMBER	CODE	NUMBER		CERTIFIED COPY OF ID ATTACHED	YES      NO
CELLPHONE NUMBER					
EMAIL ADDRESS					
YOUR HOME ADDRESS					
YOUR POSTAL ADDRESS					
MUNICIPALITY			PROVINCE		
PERSON WITH DISABILITY	YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, SPECIFY NATURE OF DISABILITY: _____		
CRIMINAL RECORD	YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, PLEASE PROVIDE CRIMINAL RECORD DETAIL _____		
DETAILS OF PARENT OR LEGAL GAURDIAN					
SURNAME (BLOCK LETTERS)					
FIRST NAMES (IN FULL)					
ID NUMBER			RELATIONSHIP TO APPLICANT		
EMPLOYEE NUMBER (HMH Group Employees only)			EMPLOYER		

<b>JOB GRADE</b> (HMH Group Employees only)		<b>SITE LOCATION</b> (HMH Group Employees only)	
<b>JOB TITLE / POSITION</b> (HMH Group Employees only)		<b>EMPLOYMENT DATE</b> (HMH Group Employees only)	
<b>DETAILS OF DEPENDANT CHILDREN</b> (Please write name & age in each block)			
<b>POSTAL ADDRESS</b>			
<b>EDUCATIONAL DETAILS</b>			
<b>NAME OF HIGH SCHOOL</b>		<b>LOCATION/TOWN WHERE HIGH SCHOOL IS SITUATED</b>	
<b>PROVINCE WHERE HIGH SCHOOL IS SITUATED</b>			
<b>FINAL HIGH SCHOOL EXAMINATION COMPLETED</b>		<b>WHEN WAS THIS EXAMINATION COMPLETED?</b> (DATE AND YEAR)	
<b><i>PLEASE ATTACH CONFIDENTIAL REPORT FROM HEADMASTER TO THIS APPLICATION FORM</i></b>			
<b>LIST ALL OTHER STUDIES WHICH YOU HAVE UNDERTAKEN AFTER HAVING COMPLETED GRADE 12</b>			
<b>NAME OF INSTITUTION</b>	<b>NAME OF COURSE</b>	<b>DATE COMPLETED</b>	
<b>PLANNED STUDIES AT A TERTIARY INSTITUTION FOR 2022</b>			
<b>AT WHICH TERTIARY INSTITUTION HAVE YOU ENROLLED?</b>			
<b>DO YOU HAVE A LETTER OF ACCEPTANCE FROM THE SELECTED INSTITUTION?</b>			
<b>WHAT IS YOUR STUDENT NUMBER?</b>			
<b>WHAT IS THE NAME OF THE COURSE THAT YOU HAVE ENROLLED FOR?</b>			
<b>WHAT IS THE MINIMUM NUMBER OF STUDY YEARS TO COMPLETION FOR THIS COURSE?</b>			
<b>PLEASE SUPPLY THE LIST OF MAJOR SUBJECT/S</b>			
<b>PLEASE SUPPLY THE LIST OF MINOR SUBJECTS</b>			

IS IT YOUR INTENTION TO STAY IN RESIDENCE? (YES OR NO)			
HAVE YOU REGISTERED FOR ACCOMMODATION IN A RESIDENCE? (YES OR NO)			
DESCRIBE BRIEFLY WHY YOU WISH TO ENROL FOR THIS PARTICULAR FIELD OF STUDY			
MENTION ANY ACHIEVEMENTS OR AWARDS THAT YOU HAVE RECEIVED DURING YOUR SENIOR SCHOOL YEARS OR DURING YOUR TERTIARY STUDIES			
YOU WILL NEED TO PROVIDE US WITH DETAILS OF THE COSTS OF YOUR INTENDED STUDIES IN 2022 – AS PER QUOTATION FROM THE SELECTED TERTIARY INSTITUTION – PLEASE SEE ATTACHED UNIVERSITY/INSTITUTION QUOTATION ( <i>IF THIS SECTION IS NOT COMPLETED YOUR APPLICATION WILL NOT BE CONSIDERED</i> )			
TUITION FEES		RESIDENCE FEES (WITH MEALS IF AVAILABLE)	
MEALS ONLY (IF AVAILABLE)		RESIDENCE FEES (WITHOUT MEALS IF AVAILABLE)	
COURSE DURATION		CURRENT YEAR OF STUDY	
HAVE YOU BEEN AWARDED ANY ADDITIONAL FINANCIAL ASSISTANCE/SPONSORSHIP FOR YOUR STUDIES IN 2022		YES	NO
IF YES, PROVIDE DETAILS OF THE AMOUNT IN RANDB			
IF YES, PROVIDE THE NAME OF YOUR SPONSOR			
HAVE YOU PREVIOUSLY RECEIVED FUNDING FOR PRIOR COURSES:		YES / NO	
WHICH ORGANISATION PROVIDED THIS FUNDING?			
IF 'YES' TO THE ABOVE QUESTION, PLEASE SUPPLY THE YEAR OF STUDY			
PLEASE SUPPLY THE NAME OF THE INSTITUTION			
PLEASE SUPPLY THE NAME OF THE COURSE STUDIED			
AMOUNT FUNDED			

**CONDITIONS**

I hereby wish to apply for an education benefit to assist me in furthering my studies and accept the following conditions:

- 1.1. The company reserves the right to demand repayment of moneys paid as benefits under the Education Fund should I halt my studies or not pass my examinations.
- 1.2. Consideration will be given to annual renewal of the benefit only if you have passed examinations of the previous year.

**2 PERSONAL INFORMATION**

- 2.1 The applicant (on condition they are 18 years of age and above), or parent or guardian with the sufficient legal authority to consent on the applicants behalf (in the case of the applicant being a child, as defined in the Protection of Personal Information Act), hereby expressly gives the company permission to process, and if need be further process, any of their personal information (as currently defined in the Protection of Personal Information Act or any legislation which may amend and/or supersede the aforementioned Act from time to time [“Personal Information Legislation”]):
  - 2.1.1 including but not limited to maintaining personal contact details, to comply with applicable legislation
  - 2.1.3 in order to comply with laws and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination.
- 2.2 For purposes of this clause, “processing” refers to processing as defined in the Personal Information Legislation and includes but is not limited to collecting, receiving, recording, organising, collating, storing, updating, retrieving, altering, using, disseminating, distributing, merging, linking, blocking, degrading, erasing or destroying of any personal information, “further processing” shall mean the processing of the personal information collected in accordance or compatible with the purpose for which it was collected in terms of Section 13 of the Protection of Personal Information Act.
- 2.3 The applicant similarly consents to the processing, analysing and assessment of the applicant’s personal information by any other third party duly designated by the company for that purpose, whether based in South Africa or in other jurisdictions. Any personal information of the applicant will only be used by any such third parties in accordance with the instructions of the company.
- 2.4 The applicant warrants that any and all personal information provided by the applicant to the company shall at all times be true and correct and that the provision of inaccurate and/or misleading personal information shall be subject to appropriate legal action.
- 2.5 The information supplied to the company shall be retained for the duration of the qualification and 3 years post-qualification after which the company will then delete/destroy the information.
- 2.6 The processing of personal information by the company shall further be subject to the applicable policy regulating this in place at the company and amended from time to time in the sole discretion of the company. The company shall ensure that the employee is at all times aware of the aforementioned policy and amendments thereto.

**NAME & SURNAME OF STUDENT IN FULL:** .....

**SIGNATURE OF STUDENT** .....

**DATE:** .....

<b>ATTACHMENTS</b>		
<b>PLEASE INDICATE THAT THE FOLLOWING DOCUMENTS ARE ATTACHED:</b>	<b>YES</b>	<b>NO</b>
Certified copy of June/mid-year academic results		
Certified copy of final academic results		
Proof of costs / Quotation from Tertiary Institution		
Proof of your Registration at the Tertiary Institution		
Certified Copy of your Identity Document		

**APPLICATION CHECKED BY HUMAN RESOURCES BRANCH MANAGEMENT CONFIRMING THAT ALL SECTIONS OF THIS FORM HAVE BEEN COMPLETED CORRECTLY AND THAT ALL THE ABOVE REQUIRED DOCUMENTS ARE ATTACHED:**

**SIGNED:** ..... **DATE:** .....

**NAME OF HR MANAGER /PRACTITIONER:** .....