



National Student Financial Aid Scheme

Declaration Form

APPLICATION FOR FINANCIAL ASSISTANCE TO STUDY AT A PUBLIC UNIVERSITY OR TVET COLLEGE

I the Social Worker/Child Youth Care Worker solemnly swear that the provision of care services to vulnerable children and youth, especially Child-headed homes and parentless, will be in line with progressive realisation of a wide range of children's rights and protection needs.

I am completing this form to ensure that the below mentioned student, who is an orphan or part of Isibindi project, receives funding from NSFAS to further their studies at any public institution of learning within the South African borders.

SURNAME, INITIALS OF STUDENT

ID NUMBER

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I confirm that by voluntarily submitting any personal information to NSFAS, in any form, constitutes an indefinite, unconditional and specific consent for NSFAS to share such personal information with third parties including government departments, credit bureaus, institutions of higher learning and other agencies for the purposes of information validation, reporting, statistical analysis, credit checks, criminal checks, securing funding on my behalf and to verify academic and registration data as required.

SIGNATURE OF SOCIAL WORKER		DATE
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SURNAME, INITIALS

CELL PHONE NUMBER

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ID NUMBER

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PRACTICE OR SASSP REGISTRATION NUMBER

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EMAIL ADDRESS

Disclaimer and signature of applicant

I acknowledge that any personal information and supporting documentation supplied to NSFAS is done so voluntarily to facilitate the processing of this application. I furthermore acknowledge that the information provided by me, is to the best of my knowledge both true and correct, and I understand that any incorrect or inaccurate information or documentation submitted may adversely affect the manner in which NSFAS may comply with its obligations. I understand that if my application for financial aid is approved, the bursary agreement must be signed within 30 days after registration or NSFAS reserves the right to withdraw the approved bursary. I will then be liable for all fees at the university/college.

I, the applicant confirm that the above named social worker/care giver has been assigned to provide social work/care giving services to me.

SIGNATURE OF STUDENT		DATE
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