Bursary Agreement (Employed Learners)

Project Name: RMDP 2026/27

Academic Programmes (*Please tick the applicable box)*	**Indicate with an X**
Academic Programmes NQF 10 – Doctorates/PhD	
Academic Programmes NQF 9 – Masters	
Academic Programmes NQF 8 – MBA	
Academic Programmes NQF 8 – Post Graduate Diploma	
Academic Programmes NQF 8 – Honours	
Academic Programmes NQF 7 – Bachelor's Degrees and Advanced Diplomas	X
Academic Programmes NQF 6 – National Diplomas and Advanced Certificates	
Academic Programmes NQF 5 – Higher Certificates and Advanced National Certificates (Vocational)	
Academic Programmes NQF 4 – Certificate FET (Private and Public)	
Other (Please Specify)	

This Agreement is entered into between:

Employer registered name _____

Employer site (if multiple sites) _____

And

Bursary learner full name and surname: _____
(Hereafter referred to as the Bursar)

for the following entire period of study:

Number of Months: 12

Start date: 01 March 2027 **End date:** 05 April 2028

Bursary Qualification Name: Advanced Diploma in Management Development

Institution / Provider Name: The University of Cape Town Graduate School of Business

Compulsory supporting documents to be uploaded on MIS with the Bursary Agreement:

1. Clear certified copy of ID/Smart Card double sided (Not older than 6 months) ☐
2. Certified copy of Highest Qualification ☐
3. Confirmation of Employment ☐
4. Proof of Registration/Admission ☐

BURSAR DETAILS			
Title		Initials	
First Name			
Middle Name			
Surname			
ID Number as per ID copy			
Date of Birth			
Place of Birth			
Gender		Race	
Disability	☐ N/A	☐ Applicable	
Home Language		Nationality	
Cell Phone Number			
E Mail			
Physical Address (line 1)			
Physical Address (line 2)			
Physical Address (line 3)			
Physical Municipality		Area code	
Physical District			
Physical Urban / Rural	☐ Urban	☐ Rural	
Physical Province			
Last High School Attended			
Address of School			
Highest Grade Passed at High School		Year obtained	

Initials	
Employer	
Bursar	

EMPLOYER DETAILS		
Employer Trade Name		
Employer Legal Name		
Employer Levy Number		
Physical Address (line 1)		
Physical Address (line 2)		
Area Code		
GPS Coordinates		
Website		
Contact Person		
Contact Number		
INSTITUTION / PROVIDER DETAILS		
Provider Name	The University of Cape Town Graduate School of Business	
Accreditation Number	N/A	
Accreditation Body / SETA	N/A	
Physical Address (Line 1)	8-10 Portswood Road	
Physical Address (Line 2)	Green Point, Cape Town	
Area Code	8051	
GPS Coordinates	33.9069° S, 18.4158° E	
Contact Person	Jamie-Leigh Parenzee	
Contact Number	0860 828 472	
Type of Institution	**TVET** ☐	**HET** ☑
Public / Private Institution	**Private** ☐	**Public** ☑

Initials	
Employer	
Bursar	

BURSARY PROGRAMME				
SAQA Qualification ID	101556			
SAQA Qualification Title	Advanced Diploma in Management Development			
NQF Level	7			
Bursary Type	New Bursary	☐	Continued Bursary	☐
Qualification Type	Advanced Certificate	☐	Advanced Diploma	☑
	Bachelor Honors Degree	☐	Bachelor's Degree	☐
	Certificate	☐	Diploma	☐
	Higher Certificate	☐	Master's Degree	☐
	Postgraduate Diploma	☐	Doctoral Degree	☐
Academic Year of Study	2027			
Academic Enrolment Date	01 March 2027			
Expected Completion Date of Qualification	05 April 2028			

I hereby confirm that the above information provided is accurate, complete and has been captured on the W&RSETA MIS:

_____	_____	_____
Bursar Name	**Signature**	**Date**

_____	_____	_____
Employer Representative Name	**Signature**	**Date**

Initials	
Employer	
Bursar	

DECLARATION AND CONSENT TO PROCESS INFORMATION IN TERMS OF THE POPI ACT

PROTECTION OF PERSONAL INFORMATION

The W&RSETA is committed to protecting and promoting the privacy of Personal Information of learners that take part in W&RSETA programmes and any other individuals or organizations that the W&RSETA engages with; to give effect to an individual or company's constitutional right to privacy; and to fulfil its obligations under the Protection of Personal Information (POPI) Act No. 4 of 2013.

The W&RSETA is also committed in ensuring that Personal Information provided by persons taking part in W&RSETA programmes will not be processed for purposes prohibited by POPI Act and/or the principles contained in POPI. Where the provision of information of W&RSETA programme participants are required by national departments e.g. The Department of Higher Education and Training, the W&RSETA will ensure that such information is processed in compliance with the provisions of the POPI Act.

Participants in W&RSETA programmes are requested to ensure that the information provided is complete and accurate as incorrect information may cause delays with programme implementation.

CONSENT BY LEARNER

I _____declare that all information provided herein is complete and correct. I further acknowledge that I understand the purposes for which it is required and for which it will be used and agree to my personal data being processed as required.

_____ _____

Signature of Learner Date

Name and Surname of Guardian/Parent (If Learner is a Minor i.e., less than eighteen (18) years)

_____

_____ _____

Signature of Guardian/Parent Date

Initials	
Employer	
Bursar	