



P O Box 26024, Arcadia, 0007  
 AgriSETA House  
 529 Belvedere Street, Arcadia, 0083  
 Tel: (012) 301 5600  
 Fax: (012) 325 1677  
 Website: [www.agriseta.co.za](http://www.agriseta.co.za)  
 Email: [info@agriseta.co.za](mailto:info@agriseta.co.za)

**LEARNER INFORMATION FORM: BURSARIES – PROJECT REF:**

Full Names													
Surname													
Initials													
ID number <i>(please attach certified copy of ID)</i>													
Race & Gender													
Disability													
Home Language													
Province													
Rural / Urban													
Municipality/District													
Physical Address													
Postal Address													
Tel/Cell Number													
E-mail address													
<b>BASIC EDUCATION</b>													
Name of last school attended													
Highest grade obtained <i>(e.g grade 12)</i>													
Year obtained													
<b>CURRENT REGISTRATION ( TERTIARY)</b>													
Name of Learning Institution													
Qualification currently registered <i>(e.g. ND: Agric Crop Production)</i>													NQF Level

Level of Studies (e.g 1 <sup>st</sup> year)												Is this your final year?				
<b>Start and End Date</b>	01 January 2024 to 31 December 2024															
Awarded Bursary Amount												Type of learner/student	18.1		18.2	X
Were your studies funded by Agriseta in the previous year?																
<b>EMPLOYER DETAILS</b>																
Name of Employer	Tshwane University of Technology															
Employer Type (please tick whichever is applicable)	Co-operative		NGO		NPO		Other (please specify)	X Public institution								
Employer category (please tick whichever is applicable)	AgriSETA Levy payer					X	Non AgriSETA Levy Payer									
SDL Number	L	6	5	0	7	5	2	0	5	0						
Employer size (please tick whichever is applicable)	Large		X	Medium			Small									
CIPRO/Dept. Of Social Development Registration no.	Recognised by High Education Act															
Physical Address	Staatsartillerie Road, Pretoria West															
	0	0	0	1												
Province	Gauteng															
Municipality: Local	Tshwane							District	Tshwane							
Contact person	M	R	.	D	D		X	a	b	a						
Tel number	0	1	2	3	8	2	4	6	3	4						
Cell number	0	7	6	7	0	2	6	7	1	5						
E-mail address	Xabadd@tut.ac.za															

Signature of Learner \_\_\_\_\_

Date \_\_\_\_\_

Signature of Employer \_\_\_\_\_

Date \_\_\_\_\_