

**Bursary Agreement (Employed Learners)**  
**Project Name: RMDP 2024/2025**

<b>Academic Programmes (Please tick the applicable box)</b>	
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 & Advanced Diplomas	
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** \_\_\_\_\_  
(Hereafter referred to as the Employer)

**(Skills Development Levy Number \_\_\_\_\_)**

**and**

**Bursary Learner full name and surname:** \_\_\_\_\_  
(Hereafter referred to as the Bursar)

**Identity Number:** \_\_\_\_\_

**for the following period**

**Number of Months**

**From...March 2025.....to.....March 2026.....**

**Bursary (Academic) Qualification Name:** **Higher Certificate in Retail Management**  
(Please provide official qualification name in full)

**Institution Name:** **REGENT Business School**

**Learner Site:**

**(Compulsory) Supporting documents to be attached:**

1. Clear certified copy of ID/Smart Card double sided (Not older than 6 months)
2. Certified copy of Highest Qualification and confirmation of employment
3. Proof of Registration/Admission

**NB: Please ensure that the learner agreement is completed fully and correctly. The code N/A must be used to complete sections where information required is not applicable to the applicant.**

**FOR SETA USE ONLY:**

## Bursar Details:

*(Person on Indicium)*

Identity Number:

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Alternate ID Type:

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<b>Title:</b>			
<b>First Name:</b>			
<b>Middle Name:</b>			
<b>Surname:</b>		<b>Initials</b>	
<b>Date of Birth:</b>			
<b>Gender:</b>			
<b>Equity:</b>			
<b>Disability:</b>			
<b>Home Language:</b>			
<b>Nationality:</b>			
<b>Citizen Residential Status:</b>			
<b>Telephone Number:</b>			
<b>Cell Phone Number:</b>			
<b>Fax Number:</b>			
<b>E Mail:</b>			
<b>Physical Code</b>			
<b>Physical Address 1</b>			
<b>Physical Address 2</b>			
<b>Physical Address 3</b>			
<b>Physical Municipality:</b>			
<b>Physical District:</b>			
<b>Physical Urban Rural</b>	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	
<b>Physical Province:</b>			
<b>Postal Code:</b>			

Initials	
<b>Employer</b>	
<b>Bursar</b>	

Postal Address Line 1		
Postal Address Line 2		
Postal Address Line 3		
Postal Municipality:		
Postal District:		
Postal Urban Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural
Postal Province:		
<b>BURSARY (ACADEMIC PROGRAMMES)</b>		
SAQA Qualification ID:	97581	
SAQA Qualification Title:	Higher Certificate in Retail Management	
Employer Levy Number:		
Employer Trade Name:		
Employer Legal Name:		
Bursary Type:	New Bursary <input checked="" type="checkbox"/>	Continued Bursary <input type="checkbox"/>
TVET:		
HET:	√	
Contract Number:		
Qualification Type:	Advanced Certificate <input type="checkbox"/>	Advanced Diploma <input type="checkbox"/>
	Bachelor Honors Degree <input type="checkbox"/>	Bachelor's Degree <input type="checkbox"/>
	Certificate <input type="checkbox"/>	Diploma <input type="checkbox"/>
	Higher Certificate <input checked="" type="checkbox"/>	Master's Degree <input type="checkbox"/>
	Postgraduate Diploma <input type="checkbox"/>	Doctors Degree <input type="checkbox"/>
Qualification Title:	Higher Certificate in Retail Management	
NQF Level:	5	
Year of Study:	2025	
Commencement Date:	March 2025	
Completion Date:	March 2026	
Institution Type:	Private <input checked="" type="checkbox"/>	Public <input type="checkbox"/>
Institution's Accreditation Number:	Nº 2000/HE07/012	

Initials	
Employer	
Bursar	

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

<b>Bursar Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Employer</b>		<b>Signature</b>		<b>Date</b>	
<b>Witness 1 (Name)</b>		<b>Signature</b>		<b>Date</b>	
<b>Witness 2 (Name)</b>		<b>Signature</b>		<b>Date</b>	

FOR OFFICE USE ONLY

Bursary Agreement Details captured on (MIS)	YES		NO	
Signature (Provincial Manager)				

<b>Initials</b>	
<b>Employer</b>	
<b>Bursar</b>	

## SETMIS LEARNER ADDITIONAL INFORMATION FORM

### 1. LEARNER DETAILS

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

ID Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Area Code: \_\_\_\_\_

### 2. PREVIOUS SCHOOL ATTENDED

Name of Last School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Highest Level/Grade Obtained: \_\_\_\_\_

Year Obtained: \_\_\_\_\_

### 3. ORGANISATION DETAILS

Employer Name \_\_\_\_\_

Employer Website \_\_\_\_\_

Employer Address and GPS Coordinates \_\_\_\_\_

Area Code \_\_\_\_\_ GPS Coordinates \_\_\_\_\_

Employer Contact Number \_\_\_\_\_

Name & Surname of Contact Person \_\_\_\_\_

### 4. TRAINING PROVIDER DETAILS

Provider Name \_\_\_\_\_ Regent Business School \_\_\_\_\_

Accreditation Number \_\_\_\_\_ N<sup>o</sup> 2000/HE07/012 \_\_\_\_\_ Primary SETA \_\_\_\_\_ Council of Higher Education \_\_\_\_\_

Provider Website \_\_\_\_\_ **www.regent.ac.za** \_\_\_\_\_ Provider Contact Number \_\_\_\_\_ **031 304 4626** \_\_\_\_\_

Provider Address and GPS Coordinates \_\_\_\_\_ **35 Samora Machel Street, Durban**

Area Code \_\_\_\_\_ **4001** \_\_\_\_\_ GPS Coordinates \_\_\_\_\_ **29°51'36.4"S 31°01'41.7"E** \_\_\_\_\_

Initials	
Employer	
Bursar	

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

### 5.1 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 provision of information of W&RSETA programmes participants is 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.

### 5.2 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	