NSFAS
National Student Financial Aid Scheme

APPLICANT ID NUMBER

ORPHAN OR VULNERABLE CHILD FORM

This form is only to be completed by applicants who are under the age of 18 and who are orphans **OR**, who are vulnerable children in that they have been exposed to abuse, neglect, exploitation, risk of violence and substance abuse.

To be completed in detail, in legible handwriting, in black ink. No correction fluid to be used. Corrections to be initialed by all parties. This form is to be completed in CAPITAL LETTERS.

DEPARTMENT OF SOCIAL DEVELOPMENT DECLARATION

NSFAS requires personal information from agencies relating to the employment status and level of income of the guardians of the applicant. NSFAS is committed to ensuring that the personal information obtained from third parties is treated confidentially and to protecting the privacy of the persons whose personal information is made available. NSFAS is further committed to using that personal information in a lawful manner.

I confirm that by voluntarily submitting any personal information to NSFAS, in any form, it constitutes an indefinite, unconditional and specific consent for NSFAS to share such personal information with third parties, and to obtain relevant information from third parties. Third parties include government departments and entities, credit bureaus, institutions of further or higher learning and other agencies for the purposes of information validation, reporting, statistical analysis, credit and income validations to assess my financial eligibility, criminal checks, legal proceedings, audit and record-keeping purposes, debt tracing and/ or debt recovery purposes, securing funding on my behalf and to verify academic and registration data as required. The personal information to be obtained from SARS shall relate only to the employment status and income.

SURNAME, INITIALS OF APPLICANT (As per ID document)

To be completed by a Social Worker

I, the undersigned_____(Full Name and Surname as per ID Document) in my capacity as _____(position) at the Department of Social Development, hereby declare that _____(Name and Surname of Applicant)_____ (ID number Applicant) falls under the vulnerable child or orphan cohort. I declare that the information furnished herein is true and correct and that all required verifications were done.

PLEASE TICK THE APPLICABLE BOX

EXISTING CASE: ☐ NEW CASE: ☐

SIGNATURE OF SOCIAL WORKER

DATE OF SIGNATURE Y Y Y Y M M D D

SURNAME, FULL NAME OF SOCIAL WORKER (AS PER ID DOCUMENT)

ID NUMBER OF SOCIAL WORKER

CELLPHONE NUMBER -

SACSSP REGISTRATION NUMBER

EMAIL ADDRESS

Disclaimer and Signature of Applicant

By signing this application form, I accept and understand that this application does not guarantee that I will receive NSFAS administered funding. I acknowledge that any personal information and supporting documentation supplied to NSFAS is done so voluntarily in order 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 that I understand that any false or inaccurate information or documentation submitted may render the application invalid and I may be subject to legal action. I understand and accept that if my application for financial aid is approved as provisionally funded, it is only confirmed and processed on receipt by NSFAS of valid registration costs from a further or public higher education institution for an approved funded programme. I accept that funding granted would be governed by the NSFAS Eligibility Criteria & Conditions for Financial Aid terms which may be amended annually, and that I will comply with the annual requirements funding.

By submitting this application, I understand, acknowledge and accept the terms and conditions contained in the NSFAS Bursary or Loan Agreement. The NSFAS Bursary and Loan Agreement terms and conditions can be found on the NSFAS website (www.nsfas.org.za).

SIGNATURE OF APPLICANT

DATE OF SIGNATURE Y Y Y Y M M D D