



Ref: BE-CONT _____

Basic Education Support 2020

CONFIRMATION CONTINUING EDUCATION SUPPORT

“Continuing learners” are regarded as learners that were approved and provided with Education Support in 2019

OPENING DATE: 01 AUGUST 2019 AND CLOSING DATE: 13 SEPTEMBER 2019

NB: This form must be completed in full, failure to do so will result in disqualification. All fields are compulsory. Complete in capital letters and black ink ONLY

IMPORTANT NOTICE ON EDUCATION SUPPORT

NO E-MAIL DOCUMENTS WILL BE ACCEPTED & NO LATE SUBMISSIONS WILL BE CONSIDERED!

ALL REQUIRED DOCUMENTS MUST BE CERTIFIED AND ATTACHED TO THE 2020 CONFIRMATION FORM. CERTIFICATION MUST NOT BE OLDER THAN 3 MONTHS.

- 1. Closing date: 13 September 2019
2. No e-mailed or scanned applications forms will be accepted & no late applications will be considered!
3. All required supporting documents must be originally certified and attached to the 2020 Confirmation form.
4. Latest school results 2019 (June 2019 results - Compulsory).
5. Proof of acceptance/enrolment letter at the school for 2020. (Stamped and signed by the school. Only for learners changing school)
6. The Confirmation form must be in original format (Not a copy of a copy)

PERSONAL DETAILS (COMPULSORY)

First Names of Military Veteran (in full as per your ID documents)

Grid for entering first names of military veteran

Surname of Military Veteran (in full as per your ID documents)

Cell Number

Grid for entering surname and cell number of military veteran

ID number of Military Veteran

Email Address:

Grid for entering ID number and email address of military veteran

First Names Learner (in full as per your ID documents)

Grid for entering first names of learner

Surname Learner (in full as per your ID documents)

Grid for entering surname of learner

ID Number Learner

Gender of the Learner

Grid for entering ID number of learner

Gender selection boxes: Male, Female

Disability

Yes/No selection boxes for disability

If Yes, specify _____

DECLARATION BY THE PARENT/GUARDIAN (COMPULSORY)

I, the undersigned (Full Names) _____, am the Applicant/Parent/Guardian of applicant whose details appear in this form.

The completed content of the said form falls within my personal knowledge, unless stated otherwise and are both true and correct. I further permit the Department of Military Veterans to conduct verification of any information provided if required.

PARENT/GUARDIAN SIGNATURE

DATE

