NSFAS
National Student Financial Aid Scheme

Vulnerable Child Declaration and Consent Form

APPLICATION FOR FINANCIAL ASSISTANCE TO STUDY AT A PUBLIC UNIVERSITY OR TVET COLLEGE

The National Student Financial Aid Scheme (NSFAS) requires personal information from agencies relating to the employment status and level of income of the parents or guardians of the applicant. NSFAS is committed to ensuring that the personal information obtained from third parties's treated confidentially and to protecting the privacy of the persons whose personal information is made available to NSFAS. NSFAS is further committed to protecting the personal information and to use that personal information in a lawful manner. You and your parents/guardians are required to provide consent for NSFAS to use and verify the information you provide by signing this form.

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 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 STUDENT

ID NUMBER

CELLPHONE NUMBER

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Social Worker

I am completing this form to facilitate the application between NSFAS and a vulnerable child who presented him/herself to me in my capacity as a registered social worker. As a social worker I can confirm that the applicant is currently receiving financial support from the Department of Social Development.

I also confirm that an applicant who is a vulnerable child but not receiving any financial support from the Department of Social Development has proved orphanage circumstance by providing death certificates of their parents.

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, INITIALS OF STUDENT

CELLPHONE NUMBER

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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 ineligible and I may be subject to legal action. I understand and accept that if my application for financial aid is approved as eligible, funding is only confirmed and processed on receipt by NSFAS of valid registration costs from a public higher education institution for an approved funded programme. I accept that funding granted would be governed by the National Bursary Rules and Guidelines of the Department of Higher Education and Training which may be amended annually, and that I will comply with the annual requirements of funding. NSFAS will email a full NSFAS Bursary Agreement on receipt of valid registration data.

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

SIGNATURE OF STUDENT

DATE OF SIGNATURE Y Y Y Y M M D D