



AGREEMENT FOR COMPLETION OF COURSE: PART-TIME BURSARY SCHEME: TEACHERS

NAME OF COURSE: *Advanced Diploma in Education: School Leadership & Management (AdvDip SLM)*

UNDERTAKING:

1. (a) Whereas I, the undersigned, _____,
(full name)

Persal No. _____, ID No. _____,

a teacher in the employ of the Western Cape Education Department (WCED) and providing my services at a school called _____,

am desirous of taking this part-time programme over the prescribed two-year period; and

(b) whereas I must, for the afore-mentioned purpose, complete all the assignments and tasks required by the programme and attend contact sessions over weekends and/or school holidays, as arranged by the training institution, and

(c) whereas the ETDP SETA and WCED will, from state funds, pay on my behalf such tuition fees, which the training institution may charge for the course for the prescribed duration,

2. I therefore undertake to:

(a) commence the course on the prescribed date;

(b) take the course part-time while I am in the service of the WCED;

(c) complete the course successfully within the prescribed period;

(d) furnish the Head of Education at the commencement of the course with satisfactory proof of my enrolment for the course;

(e) after I have complied with all the requirements of the course, immediately continue to serve the WCED for a continuous period of at least two years; and

(f) continue to teach the phase or subject of which I have through this qualification programme for a period of three years.

Please initial [.....]

3. I understand and accept that I shall be obliged to repeat and complete successfully at my own expense any modules of the course which I may have outstanding at the end of the prescribed two-year period and that, if I do not immediately continue my studies, except where the WCED has granted me a postponement in writing, I shall be deemed to have abandoned the course.

4. Should I fail to comply with the conditions contained in this agreement, I agree to repay to the WCED, immediately at the time of my non-compliance with such conditions, the total amount of the tuition fees paid on my behalf by the WCED, plus the interest as calculated by the WCED's Directorate: Financial Accounting.

5. I elect as my domicilium citandi (permanent address) and for the purposes of any notice, the following address in South Africa:

Signed at _____ this day _____ of _____ 20____
(Place) (Day) (Month)

APPLICANT:

(Signature) (Print name) DATE: _____

PRINCIPAL:

(Signature) (Print name) DATE: _____

FOR OFFICIAL USE ONLY:

ON BEHALF OF THE WESTERN CAPE EDUCATION DEPARTMENT:

(Signature) (Print name) DATE: _____

WITNESS:

(Signature) (Print name) DATE: _____

Please initial [.....]