**APPLICATION FOR DRIVER’S FUND**

** APPLICATION FOR:**

*Please tick applicable box*

|  |  |
| --- | --- |
| Learner’s Licence |  |
| Driver’s Licence |  |
| PDP |  |

*Before completing this form, please read the guidelines for this funding*

**PERSONAL & WORK DETAILS DUE DATE: 31 March 2017**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | First Name: | | |  | | Last Name: | |  |
| Staff Number: |  | | | | | Department/Division: | |  | |
| Job Title: |  | | | | | E-Mail address: | |  | |
| Phone number: |  | | | | | Length of time in current post: | |  | |
| Are you required to drive in your current post?  (please attach job profile) | | | | Yes | No | Is this a permanent or contract post? | | |  |
| Name of Immediate Manager/Supervisor: | | | | | |  | | | |
| Highest Qualification: | | |  | | | | | | |

**DETAILS OF REQUEST***Please ensure that you have read point 2 under “Guidelines for obtaining Driver’s licence” before completing this section.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Licence Code** *(if applicable)* | **Code 8** | **Code 10** | |
|  | | | | |
| **Please indicate what this request includes e.g. learner’s licence booking, lessons, driving lessons, etc :** | | | | |
| **Learner’s booking** | **yes** | | **no** | |
| **Learner’s Licence Issuing** | **yes** | | **no** | |
| **Driver’s booking** | **yes** | | **no** | |
| **Driver’s lessons** | **yes** | | **no** | |
| **Driver’s Licence Issuing** | **yes** | | **no** | |
| **PDP Licence Issuing** | **yes** | | **no** | |

**RELEVENCE OF TRAINING**

*This section is extremely important and will strongly influence whether your request is approved or not. Please attached a separate motivation id the space that is provided is not enough.*

|  |  |
| --- | --- |
| Please state how the training will assist you and the department in instituting your duties better. |  |

**DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| *I am aware of and accept the conditions associated with receiving funds for my application. I declare that the information supplied by me on this form is correct and I note that the submission of false information will render this application null and void.* | | | |
| **Signature of**  **Applicant** |  | **Date** |  |

**\*Please note that licence booking and issuing payments will need to be covered by the staff member at the time of the booking/receiving of their licence. A receipt of the payment must then be issued to the HR Division to allow for reimbursement for these costs. Costs for the lessons will be managed by the HR Division and the Driving School independently.**

**APPROVAL OF IMMEDIATE SUPERVISOR OR MANAGER (IF NOT HOD)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you support this application? | | | | **YES** | **NO** |
| Are you satisfied that the proposed training opportunity will benefit the individual and the department/section/unit? | | | | **YES** | **NO** |
| Do you agree that the job profile should be amended to reflect the driving skill needed for the post? **(If YES please e-mail a revised job profile to** [T.Khumalo@ru.ac.za](mailto:T.Khumalo@ru.ac.za)) | | | | **YES** | **NO** |
| If your response is **NO** to any of the above questions, please explain the reasons for this | | | | | |
| *I the undersigned have discussed the training needs with the applicant and I approve /support for him/her to be granted the fund.* | | | | | |
| **Name:** |  | **Job Title:** |  | | |
| **Email Address:** |  | **Telephone:** |  | | |
| **Signature:** |  | **Date:** |  | | |

**APPROVAL OF HEAD OF DEPARTENT /DIVISION/INSTITUTE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you support this application? | | | | **YES** | **NO** |
| Are you satisfied that the proposed training/conference/development opportunity will benefit the individual and the department/section/unit? | | | | **YES** | **NO** |
| Do you agree to ensure that the training is implemented back into the individual’s job and the workplace and if relevant, shared with others? | | | | **YES** | **NO** |
| If your response is **NO** to any of the above questions, please explain the reasons for this | | | | | |
| *I the undersigned have discussed the training needs with the applicant and I approve /support for him/her to be granted the fund.* | | | | | |
| **Name:** |  | **Job Title:** |  | | |
| **Email Address:** |  | **Telephone:** |  | | |
| **Signature:** |  | Date: |  | | |

**\*\*\* FOR OFFICE USE ONLY \*\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Grants made to individual in the last three years | 20…. |  | 20…. |  | 20…. |  |
| Any current restrictions on funding for this person? |  | |  | |  | |
| Application approved? | **YES** | **NO** | Date: | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Learner’s booking** | **yes** | **no** | **Subtotal** | **R** |
| **Learner’s Licence Issuing** | **yes** | **no** | **Subtotal** | **R** |
| **Driver’s booking** | **yes** | **no** | **Subtotal** | **R** |
| **Driver’s lessons** | **yes** | **no** | **Subtotal** | **R** |
| **Driver’s Licence Issuing** | **yes** | **no** | **Subtotal** | **R** |
|  | | | **TOTAL** | **R** |

Updated: 9 February 2016 (TK)