

LM/012/0005/30

COMMONWEALTH SECRETARIAT

COMMONWEALTH PROGRAMME FOR SOUTH AFRICANS

Please
attach
your
photograph
here

COMMONWEALTH NASSAU FELLOWSHIPS

Application form for placement and support on a
course/training attachment/study visit (delete
as appropriate) in

.....
subject field
(to be filled in by the applicant)

Note: One completed copy of this form should be sent to the Director,
Fellowships and Training Programme, Commonwealth Secretariat,
Marlborough House, Pall Mall, London, SW1Y 5HX, United Kingdom.

1. (a) Surname	MOTLOUNT		
(b) Forename	DINGANE REUBEN		
(c) Title Mr/Mrs/Miss/Ms/Cde or Dr	MR.		
2. Sex Male/Female	MALE		
3. Address (for correspondence in connection with this application)	51 PLEIN STR JOHANNESBURG 2000		
Telephone number (if any)	330-7121		
4. Type of travel/identity document held (if any)	PASSPORT		
5. Does this document permit re- entry to the country where you reside currently?	YES		
6. Date of birth	Day	Month	Year
	16	09	1961
7. Is English your first language? (If the answer is "Yes", go on to section 9. If the answer is "No", please complete section 8)	NO		
8. Please make an assessment of your ability in English (delete as appropriate)	Reading : Excellent/Good/Average/Poor Writing : Excellent/Good/Average/Poor Speaking: Excellent/Good/Average/Poor		

9. Please indicate dietary restrictions, if any

None

Note: if you have recently taken an examination or are about to do so, please state what the examination is and when the result may be expected. (If your education certificates are available, please attach photocopies)

10. Post primary school record

Education
institution
Solomon
MATHANU
FREEDOM
COLLEGE
PASSED
STD 9

Town and
country
from
to
TAUZAUA 1980
1984

Degrees, diplomas
and certificates,
if any, and sub-
jects studied.
(You should
indicate in each
area the exam-
ining body or Board
and the year in
which you
obtained the
qualification)

Special fields
of study (if any)
ELECTRONICS
ART (GRAPHIC)
(NO QUALIFICATIONS
IN ELECTRONICS)

11. Please give details of any other professional qualifications which you possess

NONE

12. Employment record (if applicable)

(a) i Present (or most recent) post

ii Dates of service

iii Name and address of employer

iv Describe briefly your duties

COMPUTER OPERATOR

ANC

FROM 1986

PRO (ANC)

(b) i Previous post

STUDENT

ii Dates of service

iii Name and address of employer

iv Describe briefly your duties

13. If you have been accepted for a course/training attachment/study visit, please enclose a photocopy of the letter which you have received in that regard. You should note that most of the awards granted by the Commonwealth Secretariat under the Programme will be tenable in Commonwealth developing countries, and that students will be supported at publicly financed and managed institutions only, not at those which are privately controlled. If successful applicants have not already been placed, the Commonwealth Secretariat will endeavour to arrange for them to be accepted at appropriate institutions. This procedure normally takes a minimum of four months.

14. Please attach a statement, of no more than 250 words, explaining the reasons why you wish to undertake your proposed course/training attachment/study visit.

15. Referees

We wish to seek comments on your suitability for the proposed study and training programme from two referees who are not related to you but who know you well. Please give the following details about two persons who would be willing to act as your referees.

(a) Name.....THEMBEKILE MALAWANA.....

Address.....51 PLEIN STREET.....

.....JOHANNESBURG.....

.....2000.....

Occupation.....COMPUTER OPERATOR.....

For how many years has this person known you?.....SEVEN.....

(b) Name.....DANIEL MILE.....

Address.....51 PLEIN STREET.....

.....JOHANNESBURG.....

.....2000.....

Occupation.....COMPUTER OPERATOR.....

For how many years has this person known you?.....2 YEARS.....

(Please do not forget to complete and sign the undertaking on page 4)

UNDERTAKING
(Please print or type)

I, DINGANE MOTLOUNG....., currently resident
(use block letters, surname last)

in SOUTH AFRICA....., declare that I am a South African and that the
(country)

statements made by me in this form are true, complete and correct to the best of my belief. I declare also that I am in good health and have no physical or mental condition which needs medical attention. I understand that, before taking up an award, I may be required to submit a doctor's certificate indicating that I am free from infectious disease and am medically fit to pursue my proposed study and training programme.

If accepted for a Commonwealth Nassau Fellowship, I undertake to:

- (a) carry out such instructions and abide by such conditions as may be stipulated by the host government in respect of the course/training attachment/study visit;
- (b) abide by the rules of the university or other institution or establishment in which I may be placed;
- (c) refrain from engaging in paid employment for the duration of my award;
- (d) submit any progress reports which may be prescribed;
- (e) promptly inform the Commonwealth Secretariat of any financial support which I may receive, or which I may be offered, from other sources;
- (f) return to South Africa as soon as practicable after the completion of my course/training attachment/study visit and contribute to the development of my country. If it is not immediately practicable for me to work in South Africa, I agree to return to the country where I am currently resident or to seek employment in a Commonwealth developing country.

I fully understand also that if I am granted a Commonwealth Nassau Fellowship, it may be withdrawn subsequently if I fail to make adequate progress, or for other sufficient cause determined by the host government.

Date 02.10.1992.....

Motlo.....
(signature of applicant)

For use by the Commonwealth Secretariat's Fellowships and Training Programme.

Nomination accepted/rejected/withdrawn

Date.....

Signed.....

Name and designation.....