

REPUBLIC OF MAURITIUS
MINISTRY OF EDUCATION AND HUMAN RESOURCES, TERTIARY EDUCATION AND SCIENTIFIC RESEARCH

APPLICATION FORM FOR SCHOLARSHIPS TO LEARNERS WITH DISABILITIES

(6 PAGES IN ALL)

This completed application form must be submitted to the Scholarships Section (SRM) of the Ministry of Education and Human Resources, Tertiary Education and Scientific Research, 1st Floor, MITD House, Pont Fer, Phoenix. This application form must be accompanied by **certified photocopies** of the following documents:

Application Procedure and deadline

1. Application Forms

Application must be made on the prescribed form available at the Reception Desk of the Ministry of Education and Human Resources, Tertiary Education and Scientific Research, Ground Floor, MITD House, Pont Fer, Phoenix or downloaded from the Ministry's website:

<http://ministry-education.govmu.org>

2. This application form must be accompanied by the completed disability form.

3. List of certified copies of documents to be submitted along with the completed application form

(i) Birth certificate of applicant.

(ii) National Identity Card of applicant

(iii) Educational Certificates (SC/GCE 'O' level/HSC/GCE Advanced Level).

(iv) Evidence of enrolment or offer of a seat in a fully accredited and on campus academic undergraduate full-time /Part time/Distance Learning academic programme of not less than the equivalent of one academic/full year of study at a recognised local university/training institution duly registered with the Tertiary Education Commission including details of enrolment fees, tuition fees and any other associated costs.

OR

Evidence of enrolment or offer of a seat in a fully accredited full time /Part time/Distance Learning professional programme of not less than one full year of study at a recognised local training institution duly registered with the Tertiary Education Commission including details of enrolment fees, tuition fees and any other associated costs.

OR

Evidence of enrolment or offer of a seat for a fully accredited full-time /Part time/Distance Learning National Diploma/ Higher National Diploma course in a local training institution, duly registered with the Mauritius Qualifications Authority, including details of enrolment fees, tuition fees and any associated costs.

(v) Evidence of type of disability from a Government Medical Practitioner.

(vi) Evidence of any basic invalid pension received.

(vii) Evidence of any Scholarship/Sponsorship being received/to be granted for course applied for (if applicable).

In the absence of certified photocopies applicants should bring along their originals to enable this Ministry to certify copies of documents.

Original documents will be returned to applicant after photocopies have been certified.

IMPORTANT: Incomplete, inaccurate, inadequate filling of the form or non-submission of documents requested for may lead to disqualification.

SECTION A

1. Surname of Applicant (in block letters)

Other Names (in block letters)

Maiden Name (if applicable) (in block letters)

2. Gender: Male Female 3. Marital Status: Single Married Others (specify) :

4. Date of Birth 5. Age:years (by closing date of application)

6. National ID Number :

7. Country of birth:

8. Nationality: Mauritian Other (please specify)

If naturalised (certificate of naturalisation to be annexed) Date of Naturalisation:

9. Place of Permanent Residence Mauritius Rodrigues Outer Islands

10. Residential Address in Mauritius

11. Residential Address in Rodrigues/Outer Islands (if applicable)

12. Telephone No : Residence Mobile Phone No :
Email Address:

13. Present Occupation of applicant : Student/Unemployed/Employed/(Other Specify)

14. Name of Father: Phone No:
Name of Mother: Phone No:
Name of Spouse (if applicable): Phone No:
Name of Guardian (if applicable) : Phone No:

15. Educational Records:-

School Certificate/G.C.E 'O' Level Results

Year : Examination Centre No : Index No :
School : Grade Aggregate:

Cambridge Higher School Certificate Results

Year : Examination Centre No : Index No :
 School :

Subjects	Subject Grade
<u>Advanced Level</u>	
.....
.....
.....
.....
<u>Advanced Subsidiary Level</u>	
.....
.....
.....
.....

Note 1: Candidate must include a copy of his/her letter of enrolment from his/her institution.

16. Details of Course enrolled for:

Institution:.....

Name of Course:.....

Duration(Years):.....Mode (Full time/Part Time/DL/others)

Expected Start Date:..... Expected Completion Date:.....

Indicative Costs (Rs)* per academic year:.....

(Costs should include Tuition fees, General fees, Registration fees)

Note 2: The list of recognised accredited courses in registered TVET institutions is available on the MQA website www.mqa.mu

Note 3: The list of fully accredited courses by the Tertiary Education Commission is available on the Tertiary Education Commission website:- www.tec.mu

17. Other Educational Scholarship/Sponsorship/Financial Assistance

Are you benefiting from any other Scholarship/Sponsorship/Financial Assistance for the course/s for which application for scholarship is hereby being made?

(Please tick as appropriate) Yes NoIf “Yes” please provide the following details as appropriate:

(i) Amount of Scholarship/Sponsorship/Financial Assistance received: Rs per annum.

(ii) Name of Organisation/Institution providing the Scholarship/Sponsorship/Financial Assistance
.....

(iii) Contact person from the organisation/Institution at (i) above:

Name : **Phone No** :

Address

18. Are you a beneficiary of the Basic Invalid Pension from Ministry of Social Security, National Solidarity and Reform Institutions?

Yes

No

If **yes**, indicate the amount.
.....

SECTION B: Disability Information

Purpose and Instructions

This section is used to determine your eligibility for assistance under the Scholarships to Learners with Disabilities. Eligibility is based on the functional impact of the disability on the patient's ability to participate in a higher educational environment and, in some instances, the permanence of his/her disability.

Ensure that you complete all sections. If you require additional space, please attach a letter with the additional information. Provide clear statements about your disability-related functional limitations and/or restrictions.

19. Type of Disability – Please tick as appropriate

Physical Disability (e.g., orthopaedic, mobility problems, spinal cord injuries, spinal deformity, spina bifida, hemiplegia, cerebral palsy, sensory integration deficits , visual spatial perception etc)

Social, emotional and behavioural disturbance (e.g., attention deficit hyperactive disorder, combined hyperactive – impulsive and inattentive, schizophrenia, anxiety disorders, obsessive compulsive disorder, emotional and behaviour disorders and antisocial personality disorder etc)

Intellectual and Brain related disabilities (e.g., dyslexia, dysgraphia, dyspraxia, dyscalculia, gifted, down syndrome, fragile x syndrome, William syndrome, Epilepsy and epileptic syndromes etc)

Visual Impairment

Communication Disorder (e.g. hearing impaired, speech disorders, language disorders etc)

Autism Spectrum Disorder (e.g., autism, Asperger's, pervasive developmental disorders etc)

Multiple Disabilities (e.g., restricted movements, skeletal deformities, sensory disorders, seizure disorders, lungs and breathing control etc)

Other Health related disabilities (e.g., cancer, chemical dependency, epstein barr virus, human immunodeficiency virus, lyme's disease, lupus erythematosus, multiple sclerosis, renal disease or failure etc)

22. False Information

I understand that, in case false information is submitted, any scholarship that may have been granted will be cancelled forthwith and amount disbursed should be refunded within 3 months of the date of notification. I may also be liable for prosecution.

23. Declaration

I declare that, to the best of my knowledge and belief, the particulars given on this form are true and correct and that no information which might affect the decision of the Ministry of Education and Human Resources, Tertiary Education and Scientific Research has been withheld. I hereby agree to abide by the conditions attached to the Scholarship offered by the Ministry of Education and Human Resources, Tertiary Education and Scientific Research.

Signature:

Name :

Date:.....

24. For Office use only:

Submitted on:	Originals Verified by:
Signature:	Date:.....
Application Accepted <input type="checkbox"/>	
Application Rejected <input type="checkbox"/>	
Remarks (if any):	
Signature:	Date:

