

Appendix A: Access Database

Subject Number

Auto Number

Country

Province/Region

Gender

Race

Date of Birth

Postal Code (at Application)

Year of Matriculation

Year of A or B levels

Aggregate Results

Additional Notes on any prior learning

Mother Alive

Father Alive

Primary Carer

Primary Carer employed

Both Parents employed

Household Source of Income

Household income amount per annum (Rands/Pula)

School Postal Code

Name of High school



SUBJECT

RESULTS

Mathematics

Physical Science

Life Orientation

Additional Notes on Bursary Contract

Marital Status at Completion of studies

Date of Commencement of Internship

Internship hospital 1 (Name)

Internship hospital 1 (Date of departure)

Internship hospital 2 (Name)

Internship hospital 2 (Date of Commencement)

First Record

↔

Last Record

Employer 7 Name

Employer 7 Date of Commence

Employer 7 Job Title

Employer 7 Date of Departure

Employer 8 Name

Employer 8 Date of Commence

Employer 8 Job Title

Employer 8 Date of Departure

Employer 9 Name

Employer 9 Date of Commence

Employer 9 Job Title

Employer 9 Date of Departure

Employer 10 Name

Employer 10 Date of Commenc

Employer 10 Job Title

Year of Matriculation	<input type="text"/>	SUBJECT	RESULTS	<input type="text"/>	Marital Status at Completion of studies	<input type="text"/>	Employer 9 Name	<input type="text"/>
Year of A or B levels	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Commencement of Internship	<input type="text"/>	Employer 9 Date of Commence	<input type="text"/>
Aggregate Results	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Internship hospital 1 (Name)	<input type="text"/>	Employer 9 Job Title	<input type="text"/>
Additional Notes on any prior learning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Internship hospital 1 (Date of departure)	<input type="text"/>	Employer 9 Date of Departure	<input type="text"/>
		Mathematics	<input type="text"/>	<input type="text"/>	Internship hospital 2 (Name)	<input type="text"/>	Employer 10 Name	<input type="text"/>
		Physical Science	<input type="text"/>	<input type="text"/>	Internship hospital 2 (Date of Commencement)	<input type="text"/>	Employer 10 Date of Commenc	<input type="text"/>
		Life Orientation	<input type="text"/>	<input type="text"/>	Internship hospital 3 (Name)	<input type="text"/>	Employer 10 Job Title	<input type="text"/>
		Life Sciences/Biology	<input type="text"/>	<input type="text"/>	Internship hospital 3 (Date of Commencement)	<input type="text"/>	Employer 10 Date of Departure	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Completion of internship	<input type="text"/>	<input type="button" value="Previous Record"/>	<input type="button" value="SUBMIT"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of commencement of Community service	<input type="text"/>	<input type="button" value="Next Record"/>	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	Community Service Hospital1 (Name)	<input type="text"/>		
		<input type="text"/>	<input type="text"/>	<input type="text"/>	Community Service Hospital1 (Date of Departure)	<input type="text"/>		
		<input type="text"/>	<input type="text"/>	<input type="text"/>	Community Service Hospital2 (Name)	<input type="text"/>		
		<input type="text"/>	<input type="text"/>	<input type="text"/>	Community Service Hospital2 (Date of Commencement)	<input type="text"/>		
Name of University	<input type="text"/>	Country of Study	<input type="text"/>	<input type="text"/>	Date of Completion of Community Service	<input type="text"/>		
Date when bursary offer was made	<input type="text"/>	Academic Year of Study when bursary was issued	<input type="text"/>	<input type="text"/>	Employer 1 Name	<input type="text"/>		
Year of first enrolment for Academic Program	<input type="text"/>	Academic Program of Study	<input type="text"/>	<input type="text"/>	Employer 1 Date of Commencement	<input type="text"/>		
		Did beneficiary complete their studies	<input type="text"/>	<input type="text"/>	Employer 1 Job Title	<input type="text"/>		
					Employer 1 Date of Departure	<input type="text"/>		
					Employer 2 Name	<input type="text"/>		

ROS Beneficiaries Final Database X

Academic Program	Did beneficiary complete their studies	Employer 1 Date of Departure
Marital Status at Commencement of studies	Year of completion of studies	Employer 2 Name
Secondary University of Study if Applicable	Presence of bursary renewal contract signed by all parties Yr7	Employer 2 Date of Commencement
Additional Information on Tertiary Studies	Presence of bursary renewal contract signed by all parties Yr8	Employer 2 Job Title
	Post completion service area specified (Yes/No)	Employer 2 Date of Departure
	Name of Post completion service area	Employer 3 Name
Presence of bursary offer contract signed by all parties (Year1)	Cost of Sponsorship (ZAR/Pula) Year1	Employer 3 Date of Commencement
Presence of bursary renewal contract signed by all parties Yr2	Cost of Sponsorship (ZAR/Pula) Year2	Employer 3 Job Title
Presence of bursary renewal contract signed by all parties Yr3	Cost of Sponsorship (ZAR/Pula) Year3	Employer 3 Date of Departure
Presence of bursary renewal contract signed by all parties Yr4	Cost of Sponsorship (ZAR/Pula) Year4	Employer 4 Name
Presence of bursary renewal contract signed by all parties Yr5	Cost of Sponsorship (ZAR/Pula) Year5	Employer 4 Date of Commencement
Presence of bursary renewal contract signed by all parties Yr6	Cost of Sponsorship (ZAR/Pula) Year6	Employer 4 Job Title
	Cost of Sponsorship (ZAR/Pula) Year7	Employer 4 Date of Departure
	Cost of Sponsorship (ZAR/Pula) Year8	Employer 5 Name
		Employer 5 Date of Commencement
		Employer 5 Job Title
		Employer 5 Date of Departure
		Employer 6 Name
		Employer 6 Date of Commencement
		Employer 6 Job Title
		Employer 6 Date of Departure

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