

BURSARY APPLICATION FORM

Please print and complete this form:

For Office Use:
Discipline:

ATTACH YOUR
RECENT
PASSPORT PHOTO

Please complete the application form thoroughly using **BLACK INK** and in **BLOCK LETTERS**
Send it to: Impala Rustenburg, Bursary Department, P O Box 5683, Rustenburg, 0300
or visit our website www.implats.co.za

INSTRUCTIONS:

- Make sure you read and complete every section and that the information you provide is accurate and true.
- Mark your choice with a cross in the appropriate block where applicable.
- We welcome applications from persons with disabilities. However, selection will be subject to the physical demands of an occupation related to a degree.

PLEASE NOTE:

1. Incomplete forms will not be accepted.
2. Applications close on **30 September** and no late applications will be considered.
3. If Impala has not responded within 30 days after the closing date, consider your application as unsuccessful. Correspondence will be limited to shortlisted applicants. Should you qualify for a preliminary interview, it will take place at our Rustenburg operations situated in the North West Province.
4. Please supply ALL information requested or give good reasons why you cannot provide it. Your application will not be considered if you do not have university exemption, within the minimum requirements, which is:

Maths: Rating Code 5 or 60%
Science: Rating Code 5 or 60%
English: Rating Code 5 or 60%

5. The following should accompany this application form:
 - Certified proof of your results (Gr.11 final exams and latest Gr.12 results)
 - Full details of your academic transcript (Tertiary students)
 - Certificate of conduct from your current university (if already studying)
 - A certified copy of your personal identity document and Your curriculum vitae / resume
 - Proof of residence
 - Acceptance letter from a tertiary institution

1. BURSARY INFORMATION

Which discipline would you like to study?

- | | |
|---|--|
| <input type="checkbox"/> Chemical Engineering | <input type="checkbox"/> Electrical Engineering (Heavy Current Only) |
| <input type="checkbox"/> Geology (Mining / Exploration) | <input type="checkbox"/> Mining Engineering |
| <input type="checkbox"/> BSC Chemistry | <input type="checkbox"/> B.Com Accounting |
| <input type="checkbox"/> Extractive Metallurgy | <input type="checkbox"/> B.Com Human Resources |
| <input type="checkbox"/> Mechanical Engineering | <input type="checkbox"/> Survey (Mining) |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Teaching |

2. BIOGRAPHICAL PARTICULARS

Title: Miss Mr. Gender: Female Male

Date of Birth

Surname: _____

First Names: _____

Nickname: _____

ID Number: _____

Home Language: _____

Nationality: RSA Other

Do you have a disability? _____

If other specify: _____

Size of shoe / boot: _____

Overall size: _____

(This information is needed should you be invited for a site visit)

Postal Address: _____ Code: _____

Physical Address: _____ Code: _____

Contact Tel: () _____ 2nd Contact Tel: () _____

Cell phone: () _____ Province: _____

ALTERNATIVE CONTACT DETAILS SHOULD APPLICANT BE UNAVAILABLE

Relationship: _____

Surname: _____ initials: _____

Postal Address: _____ Code: _____

Contact Tel: () _____ Cell phone: () _____

PARENT / GUARDIAN

Relationship: _____

Surname: _____ Initials: _____

Postal Address: _____ Code: _____

Is your parent / guardian employed by Impala? Yes No

If yes, where? _____ Industry No. _____

If no, by whom? _____ Work Tel No: () _____

DECLARATION

I hereby give consent to undergo any medical tests / examinations required by IMPLATS.

1. I confirm that the information contained in this application is, to the best of my knowledge, correct and truthful and I understand that if it is not fit, I may be eliminated from consideration in the selection process. If, after being admitted to the training scheme, any falsehoods or omissions are discovered in my application, I understand that my Bursary Agreement may be terminated.

2. I understand that all statements in my application may be investigated and I authorize the organization to contact the following person who might be able to speak about my abilities and suitability for the bursary for which I have applied.

3. I understand that an investigation of me might include reference checks from my school / university / technicon / previous employer/s. I authorize any school / university / technicon / employer to provide IMPLATS with relevant information and opinions that may be useful in making a decision, and release such persons and organizations from legal liability in making such statements. (Please specify persons / institutions you would like us to have contact).

4. I hereby indemnify IMPLATS or any IMPALA company, their Training Managers and Training Officials against any claim for illness or accidental injury sustained by me during a visit to their operations, should I be invited to attend such a visit.

Signature of Applicant: _____ Date: _____