

# BURSARY APPLICATION FORM

Please print and complete this form:

	TICK		TICK
Certified copy of your Identity Document		Year of Matriculation	
Your Curriculum Vitae/Resume		Proof of Registration ( <i>Tertiary students</i> )	
Certified proof of your results (Gr. 11 Final and latest Gr. 12 results)		Full details of your academic transcript ( <i>Tertiary students</i> )	
Proof of Residence ( <i>Letter from Traditional Leader/Local Ward Councilor/RBN Councillor</i> )		Acceptance letter from a Tertiary Institution	
Residential Area ( <i>Home</i> )		Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Name of High School Attended		Race A <input type="checkbox"/> C <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/>	

**FOR OFFICE USE:**

Mathematics	%	Physical Science	%
English	%	Other	%

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](http://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%

# 1 BURSARY INFORMATION

## In 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: Mr  Miss  Gender: Male  Female  Date of Birth:

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Nickname: \_\_\_\_\_ ID number: \_\_\_\_\_

Home language: \_\_\_\_\_ Nationality: RSA  Other

Do you have a disability? \_\_\_\_\_ If other please 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 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: (\_\_\_\_) \_\_\_\_\_

### 3 EDUCATIONAL DETAILS

Are you still attending school? Yes  No  Grade: \_\_\_\_\_

Name of School: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Contact Tel: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Year of Matriculation: \_\_\_\_\_

*Please attach a certified copy of most recent results/matric certificate*

### 4 UNIVERSITY STUDENTS

Year of Study (current): \_\_\_\_\_ Support Programme:  1st  2nd  3rd  4th

Name of University: \_\_\_\_\_ Course (eg Bsc Mech Eng II): \_\_\_\_\_

Student Number: \_\_\_\_\_

*Please attach a certified updated academic record from the institution*

Do you have a bursary at present? Yes  No  If yes, from whom? \_\_\_\_\_

What is the value of the bursary? \_\_\_\_\_

Are there any work or financial obligations attached to this bursary? Yes  No

If yes, give details: \_\_\_\_\_

Authorised signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### 5 CAREER

Do you currently have a scholarship, bursary or loan? Yes  No

If yes, what is the name of the award: \_\_\_\_\_

Who has it been awarded by? \_\_\_\_\_

What is the value of the award? \_\_\_\_\_

Is there a service obligation attached to this scholarship, bursary or loan? Yes  No

Have you been employed since leaving school?  Yes  No  Full Time  Part Time

If yes, give details and attach a record of service or testimonial.

#### Details of current and/or previous employment:

EMPLOYER	OCCUPATION	YEAR	
		From	To

## 6 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.

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3. I understand that an investigation of me might include reference checks from my school / university / technician / previous employer/s. I authorize any school / university / technician / 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).

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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: \_\_\_\_\_