



## APPLICATION FORM FOR BURSARY

Please print and complete this form:

For Office Use:
Discipline:

ATTACH YOUR RECENT PASSPORT PHOTO  <b>(Black and White)</b>
-------------------------------------------------------------------------

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

### INSTRUCTIONS:

- Please read these notes carefully before completing the application form.
- Make sure you read every section and that the information you provide is accurate.
- 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 31 March 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 only.  
  
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, that 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
  - Full details of your academic transcript
  - Certificate of conduct from university (if already studying)
  - A certified copy of your personal identity document
  - Your curriculum vitae / resume
6. NB: Any changes of address or contact details must be forwarded in writing.

# 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"/> Accounting B.Com                            |
| <input type="checkbox"/> Extractive Metallurgy          | <input type="checkbox"/> Human Resources B.Com                       |
| <input type="checkbox"/> Mechanical Engineering         | <input type="checkbox"/> Survey (Mining)                             |

# 2. BIOGRAPHICAL PARTICULARS

Title:  Miss  Mr. Gender:  Female  Male

dd / mm / yyyy

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: ( ) \_\_\_\_\_ 2<sup>nd</sup> Contact Tel: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

## 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: ( ) \_\_\_\_\_



## 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.

---

---

---

3. I understand that an investigation of me might include reference checks from my school / university / technikon / previous employer/s. I authorize any school / university / technikon / 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: \_\_\_\_\_

## FOR OFFICE USE ONLY

**RECEIPT / SHORLISTED**  Yes  No

Officials Name: \_\_\_\_\_ Officials Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Decision: \_\_\_\_\_

Comments: \_\_\_\_\_

### PAPER SELECTION SCREENING

Officials Name: \_\_\_\_\_ Officials Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Decision: \_\_\_\_\_

Comments: \_\_\_\_\_

### FORMAL INTERVIEW

Officials Name: \_\_\_\_\_ Officials Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Decision: \_\_\_\_\_

Comments: \_\_\_\_\_

### FINAL RESULTS

Officials Name: \_\_\_\_\_ Officials Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Decision: \_\_\_\_\_

Comments: \_\_\_\_\_