

APPLICATION FORM FOR BURSARY

Please print and complete this form

For Office Use Discipline:

ATTACH YOUR RECENT PASSPORT PHOTO (Black and White)
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Please complete the application form thoroughly using BLACK INK and in BLOCK LETTERS.

Send it to: Impala Platinum, Bursary Department, PO Box 5683, Rustenburg, 0300
or visit our website www.implats.co.za

INSTRUCTIONS:

- Please read these notes carefully before completing the application form.
- Make sure that 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 application forms can not be accepted.
2. Applications close on **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 reasons why you cannot provide it. Your applications will not be considered if you do not have university exemption, with minimum requirements, that is:
Maths: Rating Code 5 or 60%
Science: 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"/> Mechanical Engineering |
| <input type="checkbox"/> Geology (Mining/Exploration) | <input type="checkbox"/> Electrical Engineering (Heavy Current only) |
| <input type="checkbox"/> BSC Chemistry | <input type="checkbox"/> Mining Engineering |
| <input type="checkbox"/> Extractive Metallurgy | |

2. BIOGRAPHICAL PARTICULARS



Title: Gender: Date of Birth:

Surname: _____ First Names: _____

Nickname: _____ ID Number: _____

Home Language: _____ Nationality:

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 at one of our operations)

Postal Address: _____ Contact Tel: () _____
_____ Code: _____ 2nd Contact Tel: () _____

Physical Address: _____ Cell: _____

ALTERNATIVE CONTACT SHOULD APPLICANT BE UNAVAILABLE

Relationship: _____

Surname: _____ Initials: _____

Postal Address: _____ Contact Tel: () _____
_____ Code: _____ Cell: _____

PARENT/GUARDIAN DETAILS

Relationship: _____

Surname: _____ Initials: _____

Postal Address: _____ Contact Tel: () _____
_____ Code: _____ Cell: _____

Occupation: _____

Is your parent/guardian employed by Impala? If yes, where? _____ Industry No: _____

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

6. DECLARATION



I hereby give full consent to undergo any medical tests/examination 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, 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 persons 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 and/or 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 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/SHORTLISTED Yes No

Official's Name: _____ Official's Signature: _____ Date: _____ Decision: _____

Comments: _____

PAPER SELECTION SCREENING

Official's Name: _____ Official's Signature: _____ Date: _____ Decision: _____

Comments: _____

FORMAL INTERVIEW

Official's Name: _____ Official's Signature: _____ Date: _____ Decision: _____

Comments: _____

FINAL RESULTS

Official's Name: _____ Official's Signature: _____ Date: _____ Decision: _____

Comments: _____