

BURSARIES

Application Form

Please print and complete this form

	For Office Use:
Discipline: _	
Category: _	
Code:	

PASSPORT PHOTO (Black and White)

CLOSING DATE: 15 May

APPLICATION FOR ANGLO PLATINUM BURSARY

Please complete the application form as thoroughly as possible in BLACK INK and send it to:

The Bursaries Department Anglo Platinum Development Centre P.O. Box 450, KROONDAL, 0350

If you have not received correspondence relating to this application from Anglo Platinum by 31 July of the year of application, you can assume that your application has been unsuccessful

NOTES AND INSTRUCTIONS (Read these notes carefully before you complete the application form)

- 1. Make sure that you read every section and that the information you provide is accurate.
- 2. INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
- 3. Bursaries will only be allocated for the year following the one in which the application was received.
- 4. Your application will not be considered if you do not furnish proof of your academic results and full details of your academic record. Results for the academic year should accompany this application and must not be submitted separately.
- 5. Do not send original documents. Attach required certified copies at the back of the application form.
- 6. A passport-size photograph of the applicant must be attached to the application form in the allocated space.
- 7. Original Application Forms must be submitted. Forms submitted via electronic media will not be accepted.
- 8. The minimum selection requirements are Grade 12 C (HG) and B (SG) for mathematics and science (science not required for Finance/Accountancy)

PART 1 – APPLICATION DETAILS

i	
State the career you wi	sh to follow:
Name the degree or dip	loma you intend to study:
Are you currently regist	ered at a University/Technikon for this course?
Study year for which yo	ou will be registered next year (e.g. first, second)
Name of proposed Univ	rersity/Technikon:
Have you applied for a	bursary with Anglo Platinum before? Yes No
If yes to the above, sta	te which discipline and when:
Have you applied to oth	ner company/ies for a bursary? Yes No
State which company/ie	es:
	DART 2 DEDCOMAL
	PART 2 – PERSONAL
Surname:	
Surname:	First Names:
_	Female Female
Gender: Male	Female Female
Gender: Male Date of birth:	First Names: Female
Gender: Male Date of birth: Nationality: RSA	First Names: Female
Gender: Male Date of birth: Nationality: RSA	Female I.D. Number: Other If other, please specify: Do you have a permanent residence permit? ease state the permanent residence permit number:
Gender: Male Date of birth: Nationality: RSA If so, ple Married Size of shoe/boot:	First Names:

Name and complete address your current/last school of tertiary institution	or Y	our Home Add	ress	(only app	ent postal ad licable if it is school/home	different
Postal Code:	Postal C	ode:		Postal Code	e:	
Tel. No.:	Tel. No.	:		Tel. No.:		
Dialing Code:	Dialing (Code:		Dialing Coo	le:	
Person that we can contact if	we need to cor	ntact you urger	ntly:			
Name:	Tel. No		Dialing C	ode:		
Tel. No. of parent or guardian Contact address: Please indicate if either you of					atinum.	
Name Relation		partment	Occupa	tion	Ye	
(Mother/	father)	.,,	Оссира		From	То
hould you qualify for a prelimindicate with an "X" the centre interviewed if required NB: Interviews will take pl	which is close	st to your hon				ould
Cape Town	Durban Durban		nesburg		Middelburg	
Mmabatho	Pietersburg	Pietern	naritzburg	P	ort Elizabeth	
Potchefstroom	Pretoria	Rust				

PART 3 – EDUCATION

Name of secondary schools you attended or are attending

Name of School	Ye	ear	Grade completed	
Name of School	Form	То	Grade Completed	

Please state your results for Grades 10, 11 and 12 (please specify percentage)

Subjects	Grade 10 %	Grades	Class	Grade 11 %	Grades	Class	Grade 12 %	Grades	Class
Subjects	obtained	HG/SG	Ave.	obtained	HG/SG	Ave.	obtained	HG/SG	Ave.
Mathematics									
Science									
English									
Others									

Kindly request your school to verify the above with	their official stamp School Stamp
Have you written your final Grade 12 exams?	es No
If yes, complete the following: Year of examina	ion:

Enter final symbols, if applicable:

Subject	HG/SG	Symbol	Subject	HG/SG	Symbol
Mathematics					
Science					
English					
Others					
			Aggregate Symbol:		

TERTIARY EDUCATION

A)	CURRENT Name of University/Techni	kon:								
	Currently registered in	st	2nd	3rd	4th	5th	acader	nic year o	f study.	
	Student Number:					Year	commenc	ed:		
	Number of practical semes	ters suc	cessful	ly comple	eted if at Tecl	nnikon: _				
	Degree / diploma course: _									
B)	B) PREVIOUS Have you previously attended University / Technikon? Yes No									
	Name of University / Tech	nikon: _				Stude	ent Numb	er:		
	Degree/diploma course:				Ye	ar comm	enced: _			
	Have you repeated any year	ar of stu	ıdy duri	ng your o	current or pre	vious ter	tiary stud	y Yes	No	
	If yes, state year, date and	l reason	:							-
	Examination results: (Add RESULTS	эцрус	inerneur y	Silectii	space is ilisa	rricicitt,	7,11	, territo		
	1 st year of study (state subjects)	Year		otained		ear of stu	_	Year	% obt	
		Year	% ol	Dec			_	Year	% obt	Dec
		Year					_	Year		
		Year					_	Year		
		Year					_	Year		
	(state subjects)		June	Dec	(stat	e subjec	ts)		June	Dec
	(state subjects) 3 rd year of study	Year	June % ol	Dec	(stat	e subject	ts)	Year	June % obta	Dec
	(state subjects)		June	Dec	(stat	e subjec	ts)		June	Dec
	(state subjects) 3 rd year of study		June % ol	Dec	(stat	e subject	ts)		June % obta	Dec
	(state subjects) 3 rd year of study		June % ol	Dec	(stat	e subject	ts)		June % obta	Dec
	(state subjects) 3 rd year of study		June % ol	Dec	(stat	e subject	ts)		June % obta	Dec

PART 4 – EXTRAMURAL ACTIVITIES

Please supply details of the role you played in:

School extra mura	als		Community acti	ivities				
Please state your interests and hobbie	Please state your interests and hobbies:							
	PART 5 – 0	CAREER						
Do you have currently have a scholarsh	ip, bursary or loan?	Yes No						
f yes, what is the name of the award:			•					
Who has it been awarded by?								
What is the value of the award?								
s there a service obligation attached to			es No					
Have you been employed since leaving			Part time					
f yes, give details and attach a record o	yes, give details and attach a record of service or testimonial.							
Details of current and/or previous emplo	oyment:							
Employer	Occupa	ntion		Year				
			From	То				

Employer	Occupation	Year	
		From	То

Ha	ve you ever visited a mine? If so, give us details of where, when and what your impressions where:
Wı	ite a brief statement setting out clearly why you have chosen this career:
DE	CLARATION
	ereby give full consent to undergo any medical tests/examination required by ANGLO PLATINUM. 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 Training 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 ANGLO PLATINUM 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 ANGLO PLATINUM Development Centre or any ANGLO Group 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.
Sig	gnature of Applicant: Date:

FOR OFFICE USE ONLY

RECEIPT / INITIAL SCREENING

Official's Name:	Official's Signature:	Date:	Decision:	
Comments:				
FINAL SCREENING				
Official's Name:	Official's Signature:	Date:	Decision:	
Comments:				
PRELIMINARY INTERVIEW				
Official's Name:	Official's Signature:	Date:	Decision:	
Comments:				
FINAL INTERVIEW				
Official's Name:	Official's Signature:	Date:	Decision:	
Comments:				