

### **UNIVERSITY BURSARY APPLICATION FORM**

Return this application form together with attachments Sibanye Satellite Training Centres: Kloof, Driefontein and Beatrix

Your Status:					
Mine Employee Local Community Scholar / Student					
	Operating Company:				
Driefontein Kloof Beatrix					
Please complete for purposes of allocating you to one of the above Operations					

### PLEASE DO <u>NOT</u> INCLUDE ORIGINAL DOCUMENTS

The company will not undertake any responsibility for the safe keeping and/or return of any documents submitted with this application. In your own interest, therefore, rather submit legible copies of any such documents. The original documents must be brought to any interview that may be arranged.

### PLEASE COMPLETE NEATLY USING BLOCK LETTERS

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### Indicate the area in which you intend studying/are currently studying:

Mining Engineering	Mechanical Engineering
Electrical Engineering	Metallurgical Engineering
Financial Accounting	Chemical Engineering
Geology	
Survey	1

<sup>\*</sup> For geology discipline, bursaries are not considered for under-graduate studies



## Indicate the university where you intend to study/are currently studying:

University of the Witwatersrand		University of Johannesburg	
What are your reasons for wanting to	study at the abov	e-mentioned university?	
What are your second and third prefer	ences of univers	ity at which to study?	
Note: Sibanye reserves its right to award a bu	ursary subject to the	candidate agreeing to study at a particul	ar university
	PERSONAL DET	AILS	
Surname			
Full Names			
Gender (for employment equity targets)			
Nationality/Citizenship  (Please attach proof of South African citizen form of copies from your identity document			
Identity Number	,		
Current Age (in years)			
Race (for employment equity targets)			



PERSONAL INFORMATION						
	Resident	tial Address	Pe	ostal Address		
		Posta Code:			Postal Code:	
	Home Telep	ohone Num	ber	Other T	elephone Number	
	Next of	Kin (Pers	on whom we can p	hone to contact you	ı urgently):	
Name:				Telephone No:		
Relationship	to Applicant:					
Do you have	a parent or relati	ive working	g for Sibanye?			
YES	NO					
If so, please s	upply details:					
Name:				Operation:		
Have you pre	viously been inte	erviewed fo	or a Gold Fields Limited	I/GFA/Sibanye bursary	<b>/?</b>	
YES	NO					
If yes, where	and when?					



# Did you previously have a bursary with Gold Fields Limited/GFL/GFBLA?

YES	1	VO							
If ves. con	nplete the f	following	ı:	_					
		_							
Discipline	in which th	e bursary	y was awa	rded to y	ou:				
Duration t	hat you had	d the bur	sary for: _						
Reason for you not being on the bursary scheme any more:									
Do you ha	ive a bursa	ry or are	you rece	iving fina	ancial ass	istance from an	other source oth	er than from your p	parents or
YES		NO							
					_				
If yes, con	plete the f	following	ı:						
Name of	the compa	ny provi	iding fina	ncial ass	sistance:	·			
Contact pe	erson at thi	s compar	ny:						
Telephone	number of	f the con	tact perso	n:					
·			·						
					EDU	CATION			
Secondary	school(s)	attended	l:						
Name of S	ichool					Date From	Date To	Highest Grade Passed	е



ou completeu	giddo iz.					
NO						
receive exempt	ion?					
NO	N/A	<b>\</b>				
11 and 12 results	(please attach co	pies of your	grade 11 an	d 12 acad	lemic records):	
et	Grade e.g. HG/S	5	Grade 11		Grade 12 Prelim.	Grade 12 Final
			2			
	or your grade12	examination	Sr			
NO_						
omplete the follo	owing:					
of centre / school	you are attending	g:				
ation dates:						
s being repeated			н	G/S		
	receive exempt  NO  1 and 12 results  repeating some NO  omplete the following centre / school action dates:	NO N/A  If and 12 results (please attach colors  Grade e.g. HG/S  If repeating some of your grade12  NO  omplete the following:	NO N/A  In receive exemption?  NO N/A  In and 12 results (please attach copies of your grade e.g. HG/S)  In repeating some of your grade 12 examination NO omplete the following:  In centre / school you are attending:	receive exemption?    NO	NO N/A  It and 12 results (please attach copies of your grade 11 and 12 acades attach copies of your grade 12 acade	NO



Are you currentl	y at unive	ersity?				
YES	NO					
If yes, complete	the follow	ving:				
Name of univers	ity:					
Current year of s	study:					
Degree:						
Year commenced	d degree:					-
Year you expect	to graduat	te:				
Details of course	es taken (i	ndicate repea	t subjects clearly)			
Fi	irst Year		Second Year	r	Third Yea	r
			Culpia at	Complete I 0/	6.1.	C   10/
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EMPLOYMENT RECORD (including temporary or vacational						
employment)						
Employer's Name	From	То	Occupation			
If you have been emplo	oyed in the mining	industry before, plea	se supply your industry numl	oer:		
		GENERAL				
What do you like doing in	your spare time (e.g.	hobbies, interests etc?)				
What has led you to your choice of studies? How do you know this is the right choice for you? Have you had any vocational counselling to assist in your choice of degree (please provide details)?						



Please describe briefly how you see your choice and / or major subject being applied in your future career:	
Please list the three occupations that you would prefer to follow, in order of preference:	
What are your initial and longer term career goals / aspirations?	
DECLARATION	
	_
Please answer the following questions:	
<b>3</b> 1	
Have you carefully read the terms under which S is prepared to consider a bursary and do you agree to be bound by them if a bursary is awarded to you?	
You will be required to submit yourself to psychometric testing. Do you have any objection to this?	



The next question is to be answered by applicants who wish to study for a degree in Mining, Mechanical or Electrical Engineering or Geology, which will involve underground work.

Have you any objection to working underground?							
	olicants who wish to study for a degree in Minir gical Engineering, Chemical Engineering or Geologi illance.						
Are you prepared to undergo a medical examina Fitness?	ation in order to apply for a Medical Certificate of						
SIGNATURE OF APPLICANT:	DATE:						
SIGNATURE OF GUARDIAN: (if applicant under 21 years of age)	FULL NAMES AND SURNAME OF LEGAL GUARDIAN:						
DATE:							
WITNESS:	DATE:						
WITNESS:	DATE:						