



BURSARIES

Application Form

Please print and complete this form

For Office Use:
Discipline: _____
Category: _____
Code: _____

PASSPORT PHOTO (Black and White)

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

CLOSING DATE: 15 May

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

State the career you wish to follow: _____

Name the degree or diploma you intend to study: _____

Are you currently registered at a University/Technikon for this course? _____

Study year for which you will be registered next year (e.g. first, second) _____

Name of proposed University/Technikon: _____

Have you applied for a bursary with Anglo Platinum before?

If yes to the above, state which discipline and when: _____

Have you applied to other company/ies for a bursary?

State which company/ies: _____

PART 2 – PERSONAL

Surname: _____

First Names: _____

Gender: Male ☐

Female ☐

Date of birth: _____

I.D. Number: _____

Nationality: RSA ☐

Other ☐

If other, please specify: _____

Do you have a permanent residence permit? _____

If so, please state the permanent residence permit number: _____

Married ☐

Single ☐

(for accommodating purposes)

Size of shoe/boot: _____

Overall Size: _____

(This information is needed should you be invited for a mine visit at one of our operations)

Do you have a disability / any disabilities?

Name and complete address of your current/last school or tertiary institution	Your Home Address	Current postal address (only applicable if it is different from your school/home address)
_____	_____	_____
_____	_____	_____
_____	_____	_____
Postal Code: _____	Postal Code: _____	Postal Code: _____
Tel. No.: _____	Tel. No.: _____	Tel. No.: _____
Dialing Code: _____	Dialing Code: _____	Dialing Code: _____

Person that we can contact if we need to contact you urgently:

Name: _____ Tel. No. _____ Dialing Code: _____

Name of guardian: _____	Relationship : _____
Tel. No. of parent or guardian: _____	
Contact address: _____	

Please indicate if either you or your parent/s have been or are employed by Anglo Platinum.

Name	Relationship (Mother/father)	Department	Occupation	Year	
				From	To

Should you qualify for a preliminary interview, it will take place at one of the centres below
Indicate with an "X" the centre which is closest to your home, school or institution where you could be interviewed if required

NB: Interviews will take place during June and July

Cape Town	<input type="checkbox"/>	Durban	<input type="checkbox"/>	Johannesburg	<input type="checkbox"/>	Middelburg	<input type="checkbox"/>
Mmabatho	<input type="checkbox"/>	Pietersburg	<input type="checkbox"/>	Pietermaritzburg	<input type="checkbox"/>	Port Elizabeth	<input type="checkbox"/>
Potchefstroom	<input type="checkbox"/>	Pretoria	<input type="checkbox"/>	Rustenburg	<input type="checkbox"/>	Welkom	<input type="checkbox"/>

PART 3 – EDUCATION

Name of secondary schools you attended or are attending

Name of School	Year		Grade completed
	Form	To	

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

Subjects	Grade 10 % obtained	Grades	Class Ave.	Grade 11 % obtained	Grades	Class Ave.	Grade 12 % obtained	Grades	Class Ave.
		HG/SG			HG/SG			HG/SG	
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?

Yes

No

If yes, complete the following: Year of examination:

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/Technikon: _____

Currently registered in academic year of study.

Student Number: _____ Year commenced: _____

Number of practical semesters successfully completed if at Technikon: _____

Degree / diploma course: _____

B) PREVIOUS

Have you previously attended University / Technikon?

Name of University / Technikon: _____ Student Number: _____

Degree/diploma course: _____ Year commenced: _____

Have you repeated any year of study during your current or previous tertiary study

If yes, state year, date and reason: _____

Examination results: (Add supplementary sheet if space is insufficient) NB: ATTACH PROOF OR RESULTS

1 st year of study (state subjects)	Year	% obtained		2 nd year of study (state subjects)	Year	% obtained	
		June	Dec			June	Dec

3 rd year of study (state subjects)	Year	% obtained		4 th year of study (state subjects)	Year	% obtained	
		June	Dec			June	Dec

Please furnish details if you are repeating any subjects: _____

PART 4 – EXTRAMURAL ACTIVITIES

Please supply details of the role you played in:

School extra murals	Community activities

Please state your interests and hobbies: _____

PART 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

Have you ever visited a mine? If so, give us details of where, when and what your impressions where:

Write a brief statement setting out clearly why you have chosen this career: _____

DECLARATION

I hereby give full consent to undergo any medical tests/examination required by ANGLO PLATINUM.

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 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.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

RECEIPT / INITIAL SCREENING

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

FINAL SCREENING

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

PRELIMINARY INTERVIEW

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

FINAL INTERVIEW

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

