

## Bursary Application - 2010

**CONFIDENTIAL**

### 1. GENERAL

Please complete the questionnaire in your own handwriting and provide as much detail as possible. All information provided will remain strictly confidential. Please do not include any original documents in support of your application as documentation will not be returned to you.

Please return the completed questionnaire before 18 September 2009 to:

The Educational Support Administrator  
Rössing Uranium Limited  
Private Bag 5005  
Swakopmund

Telephone: (+264 64) 520 2656      Fax: (+ 264 64) 520 2343      e-mail: Tanya.Keyser@riotinto.com

### 2. PERSONAL INFORMATION

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss		Surname:	<input style="width: 100%;" type="text"/>			
First Names:	<input style="width: 100%;" type="text"/>							
Permanent Residential Address:	<input style="width: 100%;" type="text"/>							
Postal Address:	<input style="width: 100%;" type="text"/>							
Parents contact telephone number:	Mother:		Father:					
Telephone Home:	Code:	No.		School:	Code:	No.		
Cell Phone:	<input style="width: 100%;" type="text"/>		e-mail Address:	<input style="width: 100%;" type="text"/>				
Age:	<input style="width: 100%;" type="text"/>	Date of Birth	<input style="width: 100%;" type="text"/>	Place of Birth (town):	<input style="width: 100%;" type="text"/>			
Nationality:	<input style="width: 100%;" type="text"/>	Citizenship:	<input style="width: 100%;" type="text"/>	I.D. No.	<input style="width: 100%;" type="text"/>			

### 3. ACADEMIC RECORD

Supply the names of all the schools that you have attended.

NAME OF SCHOOL	TOWN OR DISTRICT	PERIOD (YEARS)		STANDARD PASSED	LANGUAGE MEDIUM
		FROM	TO		

Which standard(s) did you repeat:	<input style="width: 100%;" type="text"/>				
Leadership Roles:	<input style="width: 100%;" type="text"/>				
Were you a member of the LRC or SRC:	YES	NO	When:	<input style="width: 100%;" type="text"/>	

### GRADE 12 SUBJECTS TAKEN AND RESULTS \*

	SUBJECTS	Indicate Level		GRADE 12	
				FINAL EXAMINATION	
1		HIGSCE	IGSCE	First Attempt	If Repeated
2					
3					
4					
5					
6					
7					
8					

**\* PLEASE ATTACH A CERTIFIED COPY OF YOUR LATEST OFFICIAL EXAMINATION RESULTS**

**4. HEALTH**

Do you suffer, or have you in the past suffered from any of the following medical conditions:

HEART	YES	NO	EPILEPSY	YES	NO
LUNG DISEASE OR ASTHMA	YES	NO	BACK	YES	NO
ANY ALLERGIES	YES	NO	HIGH BLOOD PRESSURE	YES	NO

Have you ever had any serious illness or operation? If so, give details and dates:


What is your present state of health:

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**5. IF APPLICABLE, STATE:**

Subjects at University (indicate latest results):

Course:		Current Academic Year	
SUBJECT	RESULTS	SUBJECT	RESULTS

**6. LEISURE TIME ACTIVITIES:**

What are your main hobbies?


To which societies or clubs do/did you belong? Give details if you serve or have served on any committees:


**7. FIELD OF STUDY:**

Please indicate intended field of study:

Choice No. 1:	
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Reason:


Choice No. 2:	
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Reason:


**PLEASE RETURN THE COMPLETED APPLICATION FORM BY 18 SEPTEMBER 2009.**

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**IMPORTANT**

*I declare that the information given is correct and understand that, in the event of my being awarded a bursary, any deliberate miss-statement will render my contract invalid.*

Signature:	
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Date:	
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**ATTACHMENTS:**

- 2009 mid year examination results
- 2008 year end examination results
- Namibian ID/Birth Certificate
- Provisional Acceptance at University/Technikon
- Medical Aid/Insurance Cover

***Note: Only short listed candidates will be contacted.***