



Bursary Application

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 17 September 2008 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:	Mr	Mrs	Miss	Surname:			
First Names:							
Permanent Residential Address:							
Postal Address:							
Parents:							
Parents contact telephone number:							
School:							
Telephone Home:	Code:	No.	School:	Code:	No.		
Cell Phone:				e-mail Address:			
Age:		Date of Birth		Place of Birth (town):			
Nationality:			Citizenship:			I.D. No.	
Valid Driver's Licence:	Type:			Number:			
Home Language:							

Other languages (indicate degree of fluency – e.g. completely fluent = 100%)

LANGUAGE	READ	WRITE	SPEAK

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		

If applicable, state name of current school:					
Which subjects did you like most:					
Why:					
Which subjects did you dislike:					
Why:					
Which standard(s) did you repeat:					
Leadership Roles:					
Were you a member of the LRC or SRC:	YES	NO	When:		

COMPLETE THE FOLLOWING TABLE

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

PLEASE ATTACH A CERTIFIED COPY OF THE LATEST OFFICIAL EXAMINATION RESULTS

What other qualifications have you obtained (e.g. speech, music etc):	

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:

Do you have medical insurance:	YES	NO	If yes, state:
Name of Insurance Company:			Policy Number:

5. IF APPLICABLE, STATE:

Subjects at University (indicate latest results):

SUBJECT	RESULTS	SUBJECT	RESULTS

Course:		Current Academic Year	
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6. LEISURE TIME ACTIVITIES:

What are your hobbies:

In which part-time activities would you have participated in if you had the time and opportunity:

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 QUESTIONNAIRE BEFORE 17 SEPTEMBER 2008.

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:		Date:	
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ATTACHMENTS:

- 2008 mid year examination results
- 2007 year end examination results
- Namibian ID/Birth Certificate
- Provisional Acceptance at University/Technikon
- Medical Aid/Insurance Cover

IMPORTANT: Where did you hear about the Rössing Bursary Scheme? Please tick:

Newspaper Careers Fair Graduate Recruitment Rössing website
From a friend Other (please state) _____