Mining Qualifications Authority 7 Anerley Road Parktown, Johannesburg, 2193 Private Bag X118, Marshalltown, 2107 Tel: 011 547 2600 Email: info@mqa.org.za



## MINING QUALIFICATIONS AUTHORITY 2022 EMPLOYED BURSARY APPLICATION FORM

#### Closing date: 30 September 2021

#### **Please Note:**

- This form must <u>ONLY</u> be completed by applicants who are <u>PRESENTLY</u> employed within the Mining and Mineral Sector.
- The Employed Bursary is not available for applicants on a structured Internship Programme or Work Experience (P1/P2) Programme. These programmes are not considered as employment for the purpose of this bursary.

#### **GUIDELINES AND INSTRUCTIONS**

#### 1. APPLICATION FORM

- The Applications Form is an electronic <u>fillable PDF format</u> with drop-down menus for ease of completion. <u>DO NOT change the format of the form to a normal PDF or Word format</u>.
- Do not complete the form by hand.

# NB: It is advised that you complete the form on a computer or laptop as not all smartphones or tablets have "PDF" functionalities to process fillable PDF forms.

#### 2. SUPPORTING DOCUMENTS

- 1. Certified copy of a valid South African Identity Document.
- 2. Full Academic Record (if applicable).
- 3. Acceptance letter from a university or university of technology (if applicable).
- 4. Letter of consent from employer to engage MQA bursary scheme (on company letterhead and signed by immediate Supervisor (Very important).
- Only provide the documents requested above (where applicable)
- Certifications must not be older than 3 months.
- "Pictures" of documents taken with cell phone or tablet will be rejected all supporting documents must scanned in and properly named.

#### 3. EMAIL OF APPLICATION FORM AND SUPPORTING DOCUMENTS

- E-mail your application form and supporting documents <u>ONLY</u> to: <u>Bursaries@mga.org.za</u>.
- Multiple e-mails from the same applicant will disqualify the application.

#### NB: Late and incomplete applications forms will be disqualified.

| MQA/LP-SP/04/038 |
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Revision: 02

Approved: COO

## SECTION A - PERSONAL DETAILS OF APPLICANT

| ID Number               |        |  |         |         |          |  |   |           |     |
|-------------------------|--------|--|---------|---------|----------|--|---|-----------|-----|
| Surname                 |        |  |         |         |          |  |   |           |     |
| Full Names              |        |  |         |         |          |  |   |           |     |
| Gender                  |        |  |         |         |          | Title                                  |   |           |     |
| Equity                  |        | Africa   | an      |         | Coloured | India                                  | ۱ | Wh        | ite |
| Disability              |        | Yes  |         | No      | (Si      | (State nature of disability hereunder) |   | ereunder) |     |
|                         |        |  |         |         |          |  |   |           |     |
| South African Citiz     | en     | Yes  |         |         | No       | If No, please state:                   |   |           |     |
| Name of High Scho       | ool at | tended   |         |         |          | Year Matriculated                      |   |           |     |
|                         | Stre   | et:  |         |         |          |  |   |           |     |
| Home Address Su         |        | ourb:  |         |         |          |  |   |           |     |
| (Province of<br>origin) | City   | ity/Town:  |         |         |          |  |   |           |     |
|                         | Pos    | ostal Code:  |         |         |          |  |   |           |     |
| Home Province           |        |  | Importo | unt for |          |  |   |           |     |
| Local Municipality      |        | NB: Important for<br>reporting purpose, please<br>select correct information |         |         |          |  |   |           |     |
| District Municipality   |        |  |         |         |          |  |   |           |     |
| Location                |        | Urban  |         |         | F        | Rural                                  |   |           |     |
| Contact Number          |        |  |         |         |          | native<br>mber                         |   |           |     |
| Email address           |        |  |         |         |          |  |   |           |     |

| Name of Employer          |              |  |
|---------------------------|--------------|--|
| Employer SDL Number       |              |  |
|                           | Street:      |  |
| Employer Address          | Area:        |  |
|                           | City/Town:   |  |
|                           | Postal Code: |  |
| Name of Immediate Super   | rvisor       |  |
| Contact telephone of Sup  | pervisor     |  |
| Email address of Supervis | sor          |  |

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|------------------|--------------|---------------|------------------|
|                  |              |               |                  |

## SECTION B.2 - TERTIARY EDUCATION: 2022 ACADEMIC YEAR

| Details of Institution and qualification you will studying in 2022 |                    |       |     |    |    |  |
|--|--------------------|-------|-----|----|----|--|
| Type of Institution  |                    |       |     |    |    |  |
| Name of Institution  |                    |       |     |    |    |  |
| Name of Qualification  |                    |       |     |    |    |  |
| Qualification Type   |                    |       |     |    |    |  |
| Academic Status in 2022  |                    |       |     |    |    |  |
| Student Number, if you are alr                                     | eady studying      |       |     |    |    |  |
| Are you currently on Internship                                    | m                  | Yes   |     | No |    |  |
| Will you be completing your qu                                     | alification during | 2022? | Yes |    | No |  |

### SECTION D: DECLARATION

By submitting this form and supporting documents, I declare that all the information provided is **TRUE AND CORRECT,** and I am aware that providing incorrect information and documents will result in the disqualification of my application. I also acknowledge that the awarding of a bursary is at the absolute sole discretion of the MQA, and the MQA reserves the right not to award me the bursary.

I further authorise the MQA to access, from the university, university of technology and my employer, any necessary relevant information/documents that has a bearing on this application, and continue to access information/documents should my bursary application be successful. I furthermore authorising the MQA to share my personal information with any institution/organisation/state department for reporting and research purposes.

| Names and Surname |  | Date |  |
|-------------------|--|------|--|
|-------------------|--|------|--|

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