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 74-78 Marshall Street, Marshalltown,
 Johannesburg
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MQA GRADUATE DEVELOPMENT PROGRAMME 2 APPLICATION FORM FOR CANDIDATES

APPLICATION FOR SELECTION AND ADMISSION TO THE MQA GRADUATE DEVELOPMENT PROGRAMME

TITLE (MR, MRS, MS, DR, etc.)	<input type="text"/>	IDENTITY NUMBER	<input style="width: 100%;" type="text"/>	
INITIALS	<input type="text"/>			
SURNAME	<input style="width: 100%;" type="text"/>			
FIRST NAMES IN FULL	<input style="width: 100%;" type="text"/>			
RACE	<input type="text"/>	GENDER	<input type="text" value="M"/> / <input type="text" value="F"/>	Do you have a physical Disability
				YES / NO
				If yes, Specify:
DATE OF BIRTH	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>	AGE <input type="text"/>
POSTAL ADDRESS	<input style="width: 100%;" type="text"/>		PHYSICAL ADDRESS	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>
POSTAL CODE	<input style="width: 100%;" type="text"/>		POSTAL CODE	<input style="width: 100%;" type="text"/>
PROVINCE	<input style="width: 100%;" type="text"/>		PROVINCE	<input style="width: 100%;" type="text"/>
HOME TELEPHONE NUMBER	AREA CODE	<input type="text"/>	NUMBER	<input type="text"/>
WORK TELEPHONE NUMBER	AREA CODE	<input type="text"/>	NUMBER	<input type="text"/>
FAX NUMBER	AREA CODE	<input type="text"/>	NUMBER	<input type="text"/>
CELLULAR NUMBER/S	<input style="width: 100%;" type="text"/>			
E-MAIL ADDRESS	<input style="width: 100%;" type="text"/>			

PREVIOUS AND CURRENT TERTIARY STUDIES

State the tertiary institutions at which you have been/are a registered student :

Institution	Name of degree/diploma	Completed STATE YES / NO	Date on which qualification was awarded	Years	
				From	To

OTHER QUALIFICATIONS

QUALIFICATION

YEAR

State the Discipline for which you are applying for
E.g. Geology

NOTICE

The following documents to be attached with this application:

- Certified Copy of **Identity Document**
- Certified Copy of **Qualifications** obtained
- Certified Copy of **Academic Results**
- Copy of the **Updated CV**

If my application is successful –

1. I undertake to:
 - 1.1 Carry out the full training actively participate in all the activities
 - 1.2 Work within the Mining and Minerals Sector once I have completed the training.
 - 1.3 Inform the MQA immediately of any change in my address or contact details.
2. I declare that the MQA will be free from all legal or other responsibilities for any damages or claims that may arise as a result of any activity, trip, tour, transport, training, tuition, eventuality, accident, injury, illness or death while I am registered for this course.
3. I accept that I will be participating in any of the training activities on my own responsibility, and I also accept of my own free will any risks that my participation may involve.

Signature _____

Date _____