

CAPRISA RESEARCH PLACEMENT PROGRAMME (CRPP) APPLICATION FORM

1. Personal Information					
Surname/last name:					
First name(s):					
Gender:					
Race:					
I.D. Number					
Student number:					
Current year of study:					
Field of study:					
Physical address:					
Home telephone number:					
Cellphone number:					
Email address:					
2. Please attach a copy of your CV to this application.					
3. Do you have internet access?				YES	NO
4. Please rate your computer literacy on the scale below:					
Non-existent	Poor	Fair	Good	Excellent	
5. How did you find out about the CRPP?					
6. Which area of research interest you the most?					
Clinical	<input type="checkbox"/>				
Laboratory	<input type="checkbox"/>				
Community	<input type="checkbox"/>				
Other	<input type="checkbox"/>	Please specify _____			

7. What motivated you to apply to become a Research Placement at CAPRISA?

8. Have you undertaken any ethics course? If so, please provide details.

**9. What would you consider a key achievement as a result of your participation of the CRPP?
(for repeat applications only)**

Thank you for applying to the CRPP. Please forward your completed application form to Sma Mzobe:

Email address: Sma.Mzobe@caprisa.org

Telephone number: 031-2604555

Postal address: CAPRISA, 2nd Floor K-RITH Tower, Nelson R Mandela School of Medicine, Private Bag X7, Congella, 4013, DURBAN

FOR OFFICE USE ONLY

1. Allocation of stipend funding source by Training Coordinator

Stipend: Cost Centre:

Signature: Date:

2. Approval by Chief Financial Officer

Signature: Date:

3. IT manager

Shared computer available

Signature: Date:

4. Office Manager

Shared workstation available

Signature: Date:

5. Award letter drafted and sent

Signature: Date:

6. Entered into research placement database and updated on SAGE: YES ☐ NO ☐

Signature: Date: