

3. Employment History/Experience

Start Date	End Date	Position Held	Institution

4. Give a brief description of your research experience

5. Provide a brief description of your current field of interest and describe what research you would like to get involved with.

6. Give a brief description of how this training will contribute to your professional development

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7. Please provide the names and contact details of three referees

Name:	
Institution:	
Email:	
Tel:	
Name:	
Institution:	
Email:	
Tel:	
Name:	
Institution:	
Email:	
Tel:	

Ihereby certify that to the best of my knowledge the information provided in this application is true and correct.

SIGNATURE

DATE

Thank you for applying to the CAPRISA Graduate Training Programme. Please forward your completed application form to Sma Mzobe:

Email address: Sma.Mzobe@caprisa.org

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. Assignment of mentor by Training Coordinator

Name of Assigned Mentor:

Signature (Training Coordinator): Date:

2. Approval of stipend by CAPRISA Head of Human Resources

Stipend: Cost-centre:

Signature: Date:

3. Approval of Cost Centre by Chief Financial Officer

Signature: Date:

4. IT manager

Computer Available:

Signature: Date:

5. Office Manager

Workstation Available:

Signature: Date:

6. Award letter drafted and sent

Signature: Date:

7. Entered into database and on the SAGE system:

Signature: Date:
