



**3. Give a brief description of your research experience**

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

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

**6. Please provide the names and contact details of three referees**

<b>Name:</b>	
<b>Institution:</b>	
<b>Email:</b>	
<b>Tel:</b>	
<b>Name:</b>	
<b>Institution:</b>	
<b>Email:</b>	
<b>Tel:</b>	
<b>Name:</b>	
<b>Institution:</b>	
<b>Email:</b>	
<b>Tel:</b>	

I, \_\_\_\_\_ hereby 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 Clinical Trials Capacity Building Programme.  
Please forward your completed application form to Sma Mzobe:

Email address: [Sma.Mzobe@caprisa.org](mailto:Sma.Mzobe@caprisa.org)

Postal address: CAPRISA, 2<sup>nd</sup> 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: .....

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**2. Approval of stipend by CAPRISA Head of Human Resources**

Stipend: ..... Cost-centre: .....

Signature: ..... Date: .....

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**3. Approval of Cost Centre by Chief Financial Officer**

Signature: ..... Date: .....

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**4. IT manager**

Computer Available: .....

Signature: ..... Date: .....

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**5. Office Manager**

Workstation Available: .....

Signature: ..... Date: .....

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**6. Award letter drafted and sent**

Signature: ..... Date: .....

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**7. Entered into database and on the SAGE system:**

Signature: ..... Date: .....

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