

PRE- AND POSTDOCTORAL FELLOWSHIP PROGRAMME

APPLICATION FORM

1. Personal Information						
Surname/las	t name:					
Previous surname:						
First name(s):						
Title (Mr/Mrs	/Ms/Dr/Prof):					
Gender:						
Race:						
Citizenship:						
_	oort No/Social					
Security No:						
Date of Birth	1:					
Postal Addre	ess:					
Telephone Numbers		(W)			(H)	
Cellphone N	umber:			l		
Fax Number:						
Email Address:						
2. Qualifications						
Please attach a copy of your CV to this application						
Year						
Obtained	Degree/Dip	loma	Disc	ipline		Institution

3. Employment History/Experience				
Start Date	End Date	Position Held	Institution	
4. Give a b	rief descripti	on of your research experience	9	
		iption of your current field of in		
researcr	i you would	like to get involved with while y	ou are at CAPRISA.	

6.	Give a brief description of how this training will contribute to your professional development				
7.	Are you curre	ntly registered for a	higher degree? Y	es No	
	If YES, please	provide degree detail	s and year of first regi	stration:	
	Name of Degre	ee:			
	Title of thesis:				
	Year of first re	gistration:			
8.	Please indicate the Institution where you intend to register, as well as the degree you plan to pursue (Honours / Masters / Doctoral):				
		•	Doctorary.		
9.	Are you curre	ntly receiving any s	tudy support through	n other grants or	
	bursaries?		Yes No		
	If YES, please	provide the following	information:		
5	Source of funds	Value and period of grant or award	Nature of support	Conditions of award	

10. Please provide th	e names and contact details of three referees
Name:	
Institution:	
Email:	
Tel:	
Name:	
Institution:	
Email:	
Tel:	
Name:	
Institution:	
Email:	
Tel:	

of my knowledge the information provide		, ,		
SIGNATURE		DATE		
	lying to the CAPRISA Fellov tion form to the HR Departn	wship Programme. Please forward your nent:		
Email address:	hr@caprisa.org			
Postal address:	· · · · · · · · · · · · · · · · · · ·	RITH Tower, Nelson R Mandela School of (7, Congella, 4013, DURBAN		

FOR OFFICE USE ONLY

1. Assignment of mei	ntor by Training Coordinator			
Name of Assigned				
Mentor:				
Signature (Training				
Coordinator):			Date:	
Coordinator).			Date.	
2 Annroval of stinen	d by CAPRISA Head of Humai	n Re	SOURCES	
z. Approvar or outpon				
Stipend:		C_0	st-centre:	
Oliperia.		00	st-ceritie.	
Signature:			Date:	l
3. Approval of Cost C	Centre or Self-funded Fellowsh	nip I	oy Chief Fir	nancial Officer
Signature:			Date:	
Olgitatare.			Date.	
4. IT manager				
Computer Available:				
Computer Available.				
Signature:			Date:	<u>I</u>
5. Office Manager				
Workstation				
Available:				
Signature:			Date:	
Oignature.			Date.	
6. Award letter drafte	d and sent			
Signature:			Date:	
7. Entered into Fellow	vs database and on the SAGE	SVS	stem:	
		- , -		
Signature:			Date:	
olyllatule.			שמוש.	<u>l</u>