



**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 while you are at CAPRISA / DSI-NRF CoE**

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

**7. Are you currently registered for a higher degree?** Yes  No

If YES, please provide degree details and year of first registration:

Name of Degree: \_\_\_\_\_

Title of thesis: \_\_\_\_\_  
\_\_\_\_\_

Year of first registration: \_\_\_\_\_

**8. Please indicate the Institution you are intending to or registered with for your degree (Honours / Masters / Doctoral):**

**Name of Institution:** \_\_\_\_\_

**9. Have you received funding from the NRF before?**

Yes  No

If YES, please provide the following information:

Date of award	Value of the award	Degree obtained	Institution through which the degree was obtained

**10. Are you currently receiving any study support through other grants or bursaries?**

Yes  No

If YES, please provide the following information:

Source of funds	Value and period of grant or award	Nature of support	Conditions of award

**11. 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.

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SIGNATURE

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DATE

Thank you for applying to the CAPRISA Fellowship 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 or Self-funded Fellowship 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 Fellows database and on the SAGE system:**

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

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