



PRE- AND POSTDOCTORAL FELLOWSHIP PROGRAMME

APPLICATION FORM

1. Personal Information					
Surname/last name:					
Previous surname:					
First name(s):					
Title (Mr/Mrs/Ms/Dr/Prof):					
Gender:					
Race:					
Citizenship:					
Disability: (for reporting purposes only)		Yes		No	
ID No./Passport No/Social Security No:					
Date of Birth:					
Postal Address:					
Telephone Numbers		(W)		(H)	
Cellphone Number:					
Fax Number:					
Email Address:					
2. Qualifications					
Please attach a copy of your CV to this application					
Year Obtained	Degree/Diploma	Discipline		Institution	

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: _____

(please do not leave this section blank if you are currently registered for a higher degree)

8. If you have indicated *no* to question 7, please provide the following details:

Level of study you intend to register for in the next academic year:

Honours

Masters

Doctoral

Name of institution you are intending to register with:

(please do not leave this section blank if you have answered no to question 7)

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

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 Fellowship Programme. Please forward your completed application form to the HR Department:

Email address: hr@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 or Self-funded Fellowship 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 Fellows database and on the SAGE system:

Signature: Date:
