

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 where you intend to register, as well as the degree you plan to pursue (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

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: _____
