

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

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:

Title of thesis: _____

8. Have you received funding from the NRF before? (applicable to South African applicants only) 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 |
|---------------|--------------------|-----------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. 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 |
|-----------------|------------------------------------|-------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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 Sma Mzobe:

Email address: Sma.Mzobe@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 mentor and allocation of cost-center by CAPRISA Training Head and CAPRISA Training Coordinator

Stipend: Cost-centre:

Signature (Training Coordinator): Date:

3. Acceptance by Mentor

Signature: Date:

4. Approval by Financial Manager

Signature: Date:

5. Approval by Project director / Principal investigator

Name:

Signature: Date:

6. IT manager

Computer Available:

Signature: Date:

7. Office Manager

Workstation Available:

Signature: Date:

8. Award letter drafted and sent

Signature: Date:

9. Entered into Fellows database and updated on eTorque system:

Signature: Date:
