

--	--	--	--

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 your registration date:

8. 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

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:
