

**CAPRISA RESEARCH PLACEMENT PROGRAMME (CRPP)
APPLICATION FORM**

1. Personal Information				
Surname/last name:				
First name(s):				
Gender:				
Race:				
Student number:				
Current year of study:				
Field of study:				
Physical address:				
Home telephone number:				
Cellphone number:				
Email address:				
2. Please attach a copy of your CV to this application.				
3. Do you have internet access?			YES	NO
4. Please rate your computer literacy on the scale below:				
Non-existent	Poor	Fair	Good	Excellent
5. How did you find out about the CRPP?				
6. What aspects of research (clinical, laboratory, community, etc) are you interested in?				

7. What motivated you to apply to become a Research Placement at CAPRISA?

8. Which Community do you come from or would you like to work in?

9. Have you undertaken any ethics course? If so, please provide details.

**10. What would you consider a key achievement as a result of your participation of the CRPP?
(for repeat applications only)**

Thank you for applying to the CRPP. Please forward your completed application form to Sma Mzobe:

Email address: Sma.Mzobe@caprisa.org

Telephone number: 031-2604555

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. Allocation of stipend funding source by Training Coordinator

Stipend: Cost Centre:

Signature: Date:

2. Approval by Financial Manager

Signature: Date:

3. IT manager

Shared computer available

Signature: Date:

4. Office Manager

Shared workstation available

Signature: Date:

5. Award letter drafted and sent

Signature: Date:

6. Entered into research placement database and updated on eTorque: YES NO

Signature: Date: