

(CLOSING DATE : 15 JANUARY 2024)

Full name of applicant:

Title:

Surname:

First names:

Current position:

Gender: Male Female

Race: African Coloured Indian White

ID number:

Institution:

Unit/Department:

Contact details:

Email:

Fax:

Telephone:

Cellphone:

Physical address:

Postal address:

If research is proposed, provide full name of supervisor:

Title:

Surname:

First names:

Contact details of supervisor:

Email:

Fax:

Telephone:

Cellphone:

Physical address:

Postal address:

Award applying for:

Family Medicine Registrars Senior Rural Doctors Family Medicine Specialists

If research is proposed, provide title of research topic:

Institution of supervisor:

Unit of supervisor:

Budget breakdown:

Expected date of completion:

Attach the following documents:

A copy of the applicant's ID	<input type="checkbox"/>
A 2–3 page CV	<input type="checkbox"/>
Registrars applying for an award should provide a letter of support from their academic institution	<input type="checkbox"/>
A letter of support from the associated academic institution (for sabbatical leave applications)	<input type="checkbox"/>
Two reference letters from recent or current seniors familiar with the applicant's work	<input type="checkbox"/>
Research outline (introduction; objectives; method – max 300 words)	<input type="checkbox"/>
Short motivation for application (max 300 words)	<input type="checkbox"/>
Details of project applying for support (max 300 words)	<input type="checkbox"/>

Important notice: Please complete the application form in full. An incomplete application form may result in disqualification. Failure to adhere to the page and word-count limit may also result in disqualification. Anything other than the requested documents will not be considered.

Email completed application forms and supporting documents to discoveryfoundation@tshikululu.org.za