

Application form/ **Individual**  
**Discovery Foundation Awards for Healthcare in rural areas**



(CLOSING DATE : 15 JANUARY 2021)

**Full name of applicant:**

Title:	
Surname:	First names:
Current position:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Race: African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>	
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:


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**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](mailto:discoveryfoundation@tshikululu.org.za)