

(CLOSING DATE : 23 OCTOBER 2020)

Full name of project leader:

Title:

Surname:

First names:

Designation:

Track record of project leader (max 300 words):

Contact details of project leader:

Email:

Fax:

Telephone:

Cellphone:

Physical address:

Postal address:

Full name of sub-specialty candidate:

Title:

Surname:

First names:

Current position:

Gender: Male Female

Race: African Coloured Indian White

ID number:

HPCSA registration number:

Contact details:

Email:

Fax:

Telephone:

Cellphone:

Physical address:

Postal address:

Institution:

Unit/Department:

Sub-specialty:

Details of HPCSA accreditation (max 50 words):

Budget breakdown:

Sub-specialty candidate (continued)

Details on payment arrangements and institutional cost recovery (if any):

Expected date of completion:

Attach the following documents:

A copy of the candidate's ID	<input type="checkbox"/>
A 2–3 page CV of the project leader and sub-specialty candidate	<input type="checkbox"/>
Details of sub-specialty accreditation by the Health Professions Council of South Africa	<input type="checkbox"/>
Details of the sub-specialty and motivation (max 300 words)	<input type="checkbox"/>
Details and track record of the unit (max 300 words)	<input type="checkbox"/>
Short motivation for application (max 300 words)	<input type="checkbox"/>
Letter from the dean of the academic institution detailing the total number of applications	<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