*Application form/* **Distinguished visitor**

**Discovery Foundation Awards for healthcare in rural and underserved areas.**

(CLOSING DATE: 15 JANUARY 2021)

|  |  |
| --- | --- |
| Physical address: | Postal address: |
|  |  |
|  |  |
|  |  |

# Host facility or health system applying for visitor:

**Name of representative of host facility or health system:**

Title:

Surname: First names:

Designation:

Short biography of facility or health system (max 50 words):

Brief background to the facility (max 300 words):

Contact details:

Email:

Telephone: Cellphone:

Fax:

# Full name of proposed visitor:

Title:

Surname:

First names:

Gender: Male Female

Race: African Coloured Indian White

Designation:

Institution or hospital that the visitor is from:

Budget breakdown:

Expected date of completion:

**Attach the following documents:**

A 2–3 page CV of the proposed visitor

Short motivation for application (max 300 words) Details of proposed programme (max 300 words)

Details of potential benefits for the programme (max 300 words)

Letter of support from the host institution or hospital

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 are to **discoveryfoundation@tshikululu.org.za**

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