*Application form/* **Individual**

**Discovery Foundation Awards for Healthcare in rural areas**

(CLOSING DATE: 15 JANUARY 2021)

**Full name of applicant:**

|  |  |
| --- | --- |
| Surname: | First names: |

Current position:

Gender: Male Female

Race: African Coloured Indian White

ID number:

|  |  |
| --- | --- |
| Institution: | Unit/Department: |

Contact details:

Email:

|  |  |
| --- | --- |
| Telephone: | Cellphone: |

Fax:

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

**If research is proposed, provide full name of supervisor:**

Title:

Surname:

First names:

Contact details of supervisor: Email:

|  |  |
| --- | --- |
| Telephone: | Cellphone: |

Fax:

|  |  |
| --- | --- |
| 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
* A 2–3 page CV
* Registrars applying for an award should provide a letter of support from their academic institution
* A letter of support from the associated academic institution (for sabbatical leave applications)
* Two reference letters from recent or current seniors familiar with the applicant’s work
* Research outline (introduction; objectives; method – max 300 words)
* Short motivation for application (max 300 words)
* Details of project applying for support (max 300 words)

**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**

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