## **CEBHA+ PhD Scholarship Application Form**

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| **INSTITUTION APPLYING TO** | | | | | | | | | | | | | | | | |
| South African Medical Research Council | | | | | | | |  | Stellenbosch University | | | |  | University of Malawi | |  |
| **YOUR DETAILS** | | | | | | | | | | | | | | | | |
| Title: | | First Name: | | | | | | | | | | Family name: | | | | |
| Full Postal Address: | | |  | | | | | | | | | | | | | |
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| E-mail: |  | | | | | | | | | | Contact number: | |  | | | |
| Nationality: |  | | | | | | | | | | Qualifications: | |  | | | |
| Employed: | YES | | |  | | NO |  | Employer: | | | |  | | | | |
| Position: |  | | | | | | | | | Full-time or Part-time (Hours per week employed) | | | | |  | |
| PhD Topic: | | | | |  | | | | | | | | | | | |
| Institution where registered for PhD: | | | | |  | | | | | | | | | | | |
| When did you register: | | | | |  | | | | | | | | | | | |

Applicants who meet the eligibility criteria should please submit the following documents by **26 November 2018**.

* Completed application form
* Copy of Passport/ID
* Full CV
* Motivational letter outlining relevant research experience
* Proof of registration from doctoral candidate’s university (if applicable)
* Summary of intended doctoral research

***Please note: Incomplete applications will not be considered***