APPLICATION FORM

DISCOVERY FOUNDATION SUB-SPECIALIST AWARDS

(CLOSING DATE: 15 OCTOBER 2016) Full name of project leader: Title: Surname: First names: Designation: Track record of project leader (max 300 words): Contact details of project leader: Email: Cellphone: Telephone: Physical address: Postal address: Full name of sub-specialty candidate: Title: Surname: First names: Gender: Male ☐ Female ☐ Race: African ☐ Coloured ☐ Indian ☐ White ☐ ID number:

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 else other than the requested documents will not be considered.

Contact details:		
Email:		
Telephone:	Cellphone:	
Fax:		
Physical address:	Postal address:	
Institution:	Unit/Department:	
Sub-specialty:		
Details of HPCSA accreditation (max 50 words):		
Budget breakdown:		
Details on payment arrangements and institutio	anal cost recovery (if any):	
Details on payment arrangements and institution	mar cost recovery (ii arry).	
Expected date of completion:		
Attach the following documents:		
A copy of the candidate's ID		
A 2–3 page CV of the project leader and sub-specialty candidate		
Details of sub-specialty accreditation by the Health Professions Council of South Africa		
Details of the sub-specialty and motivation (max 300 words)		
Details and track record of the unit (max 300 words)		
Short motivation for application (max 300 words)		
Letter from the dean of the academic institution detailing the total number of applications		