

Initial Application 2020

Master of Philosophy in Family Medicine (M Phil in Family Medicine)



Division of Family Medicine & Primary Care Stellenbosch University

Return address:

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Passport photo

A large empty rectangular box for a passport photo.

Please ensure that you have ALSO completed the University form "Postgraduate Application for Admission to the University".

It is very important that you include all the necessary documents along with this application form. Your application forms and supporting documents must reach us before the closing date. We cannot consider your application if we do not have all the correct information.

A PERSONAL INFORMATION

SURNAME:
FIRST NAME:
D.O.B.
IDENTITY NUMBER / PASSPORT NUMBER:
MP NUMBER:
Courier Address (to receive parcels by courier):
Street:
Postal code:
City:
Country:
Post Box Address (this will not be used by the courier service):
Postal code:
Contact number (1): _____
Contact number (2): _____
Email addresses (Must be given):

A1. Why do you want to do this M Phil degree in Family Medicine?

Write a paragraph below in English motivating your reasons.

B ACADEMIC LANGUAGE ABILITY

Did you graduate MBChB (or equivalent) in South Africa?

Yes / No

Was your undergraduate course presented in English?

Yes / No

The programme is presented in English. If your answers to either of these two questions are "No", then we might require you to complete a Test of Academic Literacy for Postgraduate Students – TALPS.

This test will be completed on-line at your own cost.

C ENROLLMENT INFORMATION

- C1. Please indicate if you will be enrolled for any other courses or engaged in any other studies at the same time as this course?

- C2. Please indicate if you have previously been enrolled in this course or a similar course (e.g. PGDipFamMed, MFamMed and MMed Family Medicine) at any University or institution?

- C3. Health Professions Council of SA Registration (or your country equivalent):
(Attach a certified copy of your currently valid registration certificate)

Registration no: _____

Category of registration: _____

C4. Please indicate if you have previously been the subject of a disciplinary hearing with your employer or registration body

D ENROLLMENT INFORMATION

For admission to the M Phil in Family Medicine programme, a candidate must:

- Hold a MB, ChB degree (or equivalent qualification that enables registration with a professional body as an allopathic medical practitioner);
- Hold current registration with the licensing body of the country in which he or she is practicing (HPCSA or equivalent);
- Be working in a context suitable for the practice of Family Medicine or Primary Care;
- Include a brief description of the proposed research topic.

E INTERNET ACCESS AND COMPUTER SKILLS

(Answer all 3 questions)

- Do you have a personal computer / laptop / tablet with Windows?
Yes / No
- Do you have internet access with ADSL or 3G dongle?
Yes / No

F REFERENCES

Please provide us with two referees who have worked with you recently and can speak of your academic and professional ability. These people should be accessible by phone AND email. One should be your current superintendent or supervisor if you have one. Please do not give relations as references.

Choose people that will respond quickly to a request for a reference from the University.

Name	Daytime contact number (must be provided)	Email address (must be provided)

G MARKETING FEEDBACK

How did you hear about the programme (please tick below)?

Advert in CME journal

Advert in SA Family Practice Journal

Leaflet

Internet search / Website

Word of mouth

Other

If other, please specify

Please note that failure to answer all the questions in this form or to provide the other forms required will delay and may even prevent your successful application.

I hereby certify the aforementioned information is complete and accurate. I declare that the University is entitled to cancel my registration immediately should it become apparent that any of the particulars furnished above in this application form is/are untrue or incorrect.

I declare that I have read the programme brochure and course regulations contained therein.

Signature of Applicant

Date

N.B. Please use the next page for the brief description of your proposed research topic

Brief description of your proposed research topic - COMPULSORY