

# Initial Application: 2019



## M Med Division of Family Medicine & Primary Care

### Stellenbosch University

**Return address:**

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Passport photo

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A1. Why do you want to do this Masters degree in Family Medicine? Write a paragraph below in English motivating your reasons.

## B ACADEMIC LANGUAGE ABILITY

Did you graduate MBChB in South Africa?	Yes / No
Was your undergraduate course presented in English?	Yes / No

The M Med programme is presented in English. If your answers to these two questions are both “No” then we will require you to complete a test of academic literacy for postgraduate students - TALPS. The test will be completed on-line and for your own costs.

## 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 (i.e. DipFamMed or MFamMed) at any University or institution:


C3. Health Professions Council of SA Registration:  
(Please attach a certified copy of your 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:

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## D ENROLLMENT INFORMATION

Please indicate in the table below your preferences as a registrar for placement in the training complexes. See M Med brochure for more information.

Training complex	Please rank the complex in order of preference where 1 = first choice and 5 = last choice.
Cape Town East Metropole Training Complex	
Cape Winelands Training Complex	
Eden-Karoo Training Complex	
Overberg Training Complex	
West-Coast Training Complex	

## E INTERNET ACCESS AND COMPUTER SKILLS

(Answer all 3 questions)

- E1. Do you have a personal computer / laptop with Windows? Yes / No
- E3. Do you have internet with ADSL or 3G dongle available? Yes / No

## F REFERENCES

Please provide us with **two** referees who have worked with you recently and can speak of your 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	Telephone 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*