Application for Postgraduate Courses in the Division of Family Medicine

and Primary Care,

University of Stellenbosch.

**Cancer Care and the Family Practitioner**

Return address:

Mrs Cindy Harley

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Fax: + 27 938 9704

# PERSONAL INFORMATION

|  |  |
| --- | --- |
| **SURNAME:** | **Title:** |
| **FIRST NAME:** | |

|  |
| --- |
| **ID number/ Passport number:** |
| **HPCSA registration number:** |
| **HPCSA registration category:** |
| **Nationality:** |
| **Physical Address (for delivery of study materials by courier):** |
|  |
|  |
|  |
| **Postal code:** |
| **Postal Address (cannot be used for courier) :** |
|  |
|  |
|  |
| **Postal code:** |
| **Telephone:** code ( ) (h) (w) |
| **Fax:** code ( ) (h) (w) |
| **Cellphone number:** |
| **E-mail:** (must be provided for internet access/ invoicing) |

# CURRENT POSITION

The course is based on the understanding that you are working in a primary care context and look after patients with cancer.

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| --- |
| Institution / practice: |
| Post / job title: |
| Types of activities / experience: |

# COURSE REQUIREMENTS

1. Do you have access to the Internet from home? **Yes / No**

If not how will you access the Internet?

1. Do you consider yourself computer literate? **Yes / No**
2. Are you proficient in English at an academic level? **Yes / No**

# DOCUMENTATION

Please submit copies of the following documents with your application:

|  |  |
| --- | --- |
| 1. Proof of registration with HPCSA | YES / NO |
| 1. Copy of your Identity Document or Passport | YES / NO |

Please note: Failure to properly complete all the questions in this form or submit necessary documentation, will delay, and may even prevent, your successful application.

Declaration: 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.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of applicant Date***

**I will sent you the link for the online registration as soon as I have received it from the Short Course department.**

* **You will then have to register online**
* **Once I have admitted you to the course, you will receive a reference number via e-mail that you need to use for your payment.**
* **You will only be able to go online and follow the course once finance department has received payment.**

**Payment details**

**Payments within South Africa directly into the University bank account:**

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| --- | --- |
| Account Name: | Stellenbosch University |
| Bank: | Standard Bank |
| Account Number: | 073006955 |
| Branch Code: | 050610 |

**Payments outside of South Africa directly into the following account:**

|  |  |
| --- | --- |
| Bank: | First National Bank, Cape Town branch |
| Physical Address: | 5th Floor Media City, No 1 Heerengracht, Foreshore, Cape Town |
| Account Name: | Stellenbosch University – Foreign Income |
| Account Number: | 62107177083 |
| Branch Code: | 204109 |
| S.W.I.F.T Address: | FIRNZAJJ |

**Please note that there will be extra charges if you make your payments outside of South Africa and you will be held responsible for that payment. Please ask your bank what the charges are as you would need to add that to your payment.**

**Proof of payment to be sent to:**

[cindyp@sun.ac.za](mailto:cindyp@sun.ac.za)

**Payments may be made personally to the cashiers:**

Office hours:   Monday to Friday, 08:00 to 16:00