

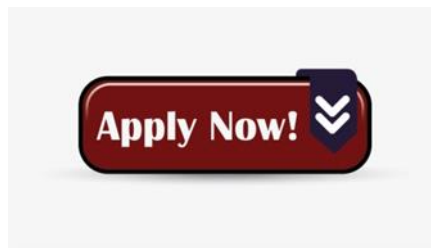


Stellenbosch

UNIVERSITY
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saam vorentoe

Departmental Form 2022



M Med in Family Medicine

Division of Family Medicine

&

Primary Care

Contact Person:

Ms Nicole Cordon-Thomas,

Department of Family and Emergency Medicine

Division of Family Medicine & Primary Care

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*Please ensure that you have also completed the University form "Postgraduate Application for admission to the University". This form asks for additional information relevant to the Division of Family Medicine and **BOTH** forms and the "Z83 for application for a registrar post" are required for an application to be complete. It is very important that you include all the necessary documents along with this departmental form. We cannot consider your application if we do not have all the correct information.*

A PERSONAL INFORMATION

Surname:	
First Names:	
Identity Number / Passport Number:	
Basic Qualification:	Year Obtained:
HPCSA First Registration:	MP Number:
Persal Number:	
Courier Address Street:	
Postal Code:	
City:	
Post Box Address (This Will Not Be Used By The Courier Service):	
Postal Code:	
Contact Number (1): _____	
Contact Number (2): _____	
E-Mail Address (Must Be Given):	

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
Did you complete the IELTS (International English Language Test)?
Yes / No

The M Med programme is presented in English. If your answers to these three 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.

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:

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	
Garden Route Training Complex	
Overberg Training Complex	
West-Coast Training Complex	

E INTERNET ACCESS AND COMPUTER SKILLS

E1. Do you have a personal computer / laptop with Windows? Yes / No

E2. 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 relatives 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 departmental form is/are untrue or incorrect. I declare that I have read the programme brochure and course regulations contained therein.

Signature of Applicant

Date