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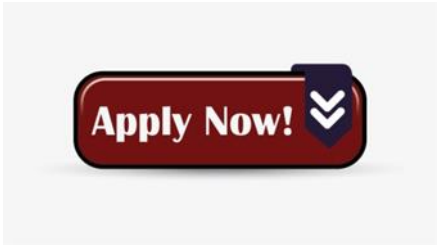
saam vorentoe

Departmental Form 2022



Postgraduate Diploma
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
Tel: 021 938 9168
E-mail: nicolec@sun.ac.za

*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 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 Name:
Identity Number / Passport Number:
Basic Qualification: Year Obtained:
MP Number:
Courier Address 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 postgraduate course 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 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 TALPS test will be completed on-line.

C ENROLLMENT INFORMATION

C1. Will you 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 similar course (i.e. DipFamMed or MFamMed) at any University or institution?

C3. Health Professions Council of SA Registration (or equivalent):
(Please attach a certified copy of your registration certificate)

- Registration no: _____
- Country of registration: South Africa / Other
  _____
- 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

Describe where you will be working and what you will be doing during the upcoming 2-years. Please refer note that you should be in a primary care setting **(GP practice / Clinic / District Hospital)** with ambulatory care exposure for this course's outcomes.

	Name of facility	**Post / job title**	**Type of experience (see definitions below)**
Year 1			

	Name of facility	Post / job title	Type of experience (see definitions below)
Year 2			

Type of experience:

- Primary care – seeing ambulatory acute and chronic patients in a health centre, clinic or general practice.
- District hospital – working in a hospital run by generalists or family physicians with male, female, paediatric, maternity AND emergency services.
- Regional or tertiary hospital – working in a specialist discipline such as paediatrics, internal medicine, obstetrics, surgery, anesthetics, orthopaedics, accident/emergency.
- Other – should be explained.

E INTERNET ACCESS AND COMPUTER SKILLS

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

E2 Do you have internet access with ADSL / 3G dongle? 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.

Please 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 properly 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**