



# APPLICATION FOR POSTGRADUATE DIPLOMA IN INFECTIOUS DISEASES

## MOTIVATIONAL LETTER

- Include information on your current work environment
- Complete this form and submit with your application by submitting this under supporting documents/letters before deadline for closing of application of application.
- Include your CV.
- **Please note: Your application will only be processed when the University has received all your application documents, including this form.**
- Application is done [online](#) and you the list of [additional documentation](#) list is also available.

Surname, Initials and Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

SU Applicant ID: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### 1. Why do you want to do this specific course?

---

---

---

---

---

---

**2. Do you work in an environment where you have access to adults and children with infectious diseases?**

---

---

---

---

---

---

**3. Describe your work environment**

---

---

---

---

---

---

---

---

---

---

---

---

**4. Who will be the senior clinician/mentor in your work environment during the course?**

Surname, Initials and Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Number: \_\_\_\_\_



## Check and Sign

Checklist (mark with ✓):

|                                 |  |
|---------------------------------|--|
| All categories completed (1- 4) |  |
| Supporting documents attached   |  |

- The information provided above and supporting documents are hereby certified to be true and correct.
- The onus rests upon the applicant to ensure that the information provided is complete and correct, that the application to the course are done online and completed before the closing deadline set out by the university and that all the required documentation listed by the university are uploaded.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_