

# MPhil in Psychiatry Stellenbosch University: APPLICANT INFORMATION

Please tick the MPhil degree that you wish to register for (choose only one)

Addiction psychiatry		Child & Adolescent Psychiatry		Community Mental Health	
Neuropsychiatry		Geriatric Psychiatry		Infant Mental Health	
Mindfulness					

Please choose **ONE** answer in both A and B

MODE OF STUDY		
<b>A</b>	Full time	
	Part time (this is not possible all MPhil programs and is considered on a case by case basis)	

CLINICAL EXPOSURE					
<b>B</b>	I will be able to primarily perform MPhil related clinical work at Stellenbosch University aligned hospitals				
	I will primarily perform MPhil related clinical work at other hospital(s) in the Cape Town area (the viability of this is considered on a case by case basis)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Please name other hospital(s)</b></td> <td></td> </tr> </table>	<b>Please name other hospital(s)</b>	
<b>Please name other hospital(s)</b>					

<b>Proposed month and year of commencement</b>	
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## PERSONAL DETAILS

<b>TITLE</b>		<b>SURNAME</b>			
<b>FIRST NAMES</b>					
<b>AGE</b>		<b>DATE OF BIRTH</b>	/ /	<b>ID NUMBER</b>	
<b>HOME LANGUAGE(S)</b>					
<b>RESIDENTIAL ADDRESS</b>					
<b>POSTAL ADDRESS (if different from above)</b>					





**RESEARCH EXPERIENCE (please list in reverse order)**

Year	Project Title	Type of Research	Role	Supervisor (if applicable)

**FORMAL RESEARCH TRAINING (please list most recent first)**

*Please provide details of all formal research courses completed*

Course	Year	Institution	Marks obtained (if applicable)

**PUBLICATIONS (please list in reverse order i.e. the most recent first)**

*Provide full reference*


**PRIZES/AWARDS RECEIVED (please list the most recent first)**

Year	Details

**OTHER RELEVANT EXPERIENCE (e.g. teaching, leadership positions, etc)**

Year	Details

**ACCESS TO TECHNOLOGICAL RESOURCES**

*Please tick all technological resources you have regular access to:*

Internet Access	Dial-up	ADSL	Satellite	Mobile broadband	Other (please specify)
Personal Laptop			Desktop PC		Smartphone

**MOTIVATION**

**Please write a short motivation explaining why you would like to register for this particular MPhil in Psychiatry**

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### REFEREE REPORTS

<b>Name of Referee</b>			
<b>Position</b>			
<b>Institution</b>			
<b>Email Address</b>			
<b>Tel</b>		<b>FAX</b>	
<b>EMAIL ADDRESS</b>			

<b>Name of Referee</b>			
<b>Position</b>			
<b>Institution</b>			
<b>Email Address</b>			
<b>Tel</b>		<b>FAX</b>	
<b>EMAIL ADDRESS</b>			

<b>DECLARATION</b>	
I certify that the information supplied in this application is correct.	
.....	.....
<b>Signature of Applicant</b>	<b>Date</b>