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Initial Application 2021



M Med

Division of Family Medicine & Primary Care

Return address:

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Division of Family Medicine & Primary Care
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Passport photo

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”** form are required for an application to be complete.

A PERSONAL INFORMATION

Surname:	
First Names:	
Date of Birth:	
Identity Number / Passport Number:	
HPCSA First Registration:	MP Number:
Basic Qualification:	Year Obtained:
Courier Address (to receive parcels by courier):	
Street:	
City:	
Postal code:	
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:

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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

(Answer all 3 questions)

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

E3. 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 relations as references. Choose people that will respond quickly to a request for a reference from the University.

Name	Telephone 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 application form is/are untrue or incorrect.

I declare that I have read the programme brochure and course regulations contained therein.

Signature of Applicant

Date