



**Stellenbosch**

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## Departmental Form 2025



**Master of Philosophy in Family Medicine**

**(M Phil in Family Medicine)**

**Division of Family Medicine & Primary Care**

**Contact: Ms Nicole Cordon-Thomas**

**Department of Family and Emergence Medicine**

**Division of Family Medicine & Primary Care**

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## A. PERSONAL INFORMATION

Surname:
First Name:
Identity Number / Passport Number:
Basic Qualification:
Institution Obtained:
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) (Required): _____
Contact Number (2): _____
Email Addresses (Required):

### **A1. Why do you want to pursue this M Phil degree in Family Medicine?**

**Write a paragraph below in English motivating your reasons.**

### **B. ACADEMIC LANGUAGE ABILITY**

Did you graduate with a health professions bachelor's degree (or equivalent) 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

If English is/was not the medium of instruction during your under- and/or postgraduate studies, you may be required to provide evidence of your English Language proficiency in the form of a formal, recognised English Language placement test result.

### **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 (e.g. PGDipFamMed,) at any University or institution?

C3. Health Professions Council of SA Registration (or your country equivalent):

(Attach a certified copy of your currently valid 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

Specific admission requirements:

- A health professions bachelors' degree (NQF level 8) or an equivalent qualification approved by Senate for this purpose.
- Registration as a health professional with the Health Professions Council of South Africa, or the equivalent in your country of practice.
- Working in a context, suitable for the practice of Family Medicine or Primary Care.

## E. INTERNET ACCESS AND COMPUTER SKILLS

- Do you have a personal computer / laptop / tablet with Windows? Yes / No
- Do you have internet access with ADSL or 3G dongle? Yes / No

## F. REFERENCES

Please provide us with three referees who have worked with you recently and can speak of your professional ability. They should be accessible by phone, email and must respond quickly to a request for a reference from the University. One should be your current superintendent or supervisor if you have one. Please do not give relatives as references.

Name	Contact Number (Required)	Email address (Required)

## 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: \_\_\_\_\_

☐  
☐  
☐  
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All applicants must submit an official university application form via the University's electronic application system. Your application will be considered as soon as we receive all your supporting application documents.

If we do not receive all your documents by the closing date via the University's electronic application system, your application will unfortunately not be considered. Your application documents as well as proof of payment (where applicable) must be uploaded online before the closing date.

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**

**Provide a brief description of your Proposed Research Topic (COMPULSORY)**