Application for Postgraduate Courses in the Division of Family Medicine

and Primary Care,

University of Stellenbosch.

**PALLIATIVE CARE IN Family MEDICINE**

Return address:

Ms Cindy Harley

Short Courses

Family Medicine and Primary Care

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8000

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Fax: + 27 938 9153

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# PERSONAL INFORMATION

|  |  |
| --- | --- |
| **SURNAME:** | **Title:** |
| **FIRST NAME:** |

|  |
| --- |
| **ID number/ Passport number:**  |
| **HPCSA (or international equivalent) registration number:** |
| **HPCSA (or international equivalent) registration category:** |
| **Nationality:** |
| **Physical Address (for delivery of Certificate of Competence by courier):** |
|  |
|  |
|  |
|  **Postal code:** |
| **Postal Address (cannot be used for courier) :** |
|  |
|  |
|  |
|  **Postal code:** |
| **Telephone:** code ( ) (h) (w) |
| **Fax:** code ( ) (h) (w) |
| **Cellphone number:** |
| **E-mail:** (must be provided for internet access/ invoicing) |

# CURRENT POSITION

Admission to this course is based on the assumption that you are **currently working** in a clinical context and look after patients with palliative care needs.

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| --- |
| Institution / practice: |
| Post / job title: |
| Types of activities / experience in palliative care provision: |

# COURSE REQUIREMENTS

1. Do you have access to the Internet from home? **Yes / No**

If not how will you access the Internet?

1. Do you consider yourself computer literate? **Yes / No**
2. Are you proficient in English at an academic level? **Yes / No**

# DOCUMENTATION

Please submit copies of the following documents with your application:

|  |  |
| --- | --- |
| 1. Proof of registration with the HPCSA (or international equivalent)
 | YES / NO |
| 1. Copy of your Identity Document or Passport
 | YES / NO |

Please note: Failure to properly complete all the questions in this form or submit necessary documentation, will delay, and may even prevent, your successful application.

Declaration: 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.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of applicant Date***

**Please note that payments have to be made once you have applied via the link (will be sent when your application is approved) and been admitted. You will then receive a reference number that you need to use for your payment, which needs to be done before the course starts.**

**Payment details**

**Payments within South Africa directly into the University bank account:**

|  |  |
| --- | --- |
| Account Name: | Stellenbosch University |
| Bank: | Standard Bank |
| Account Number: | 073006955 |
| Branch Code: | 050610 |

**Payments outside of South Africa directly into the following account – these payments have banking charges and the students are responsible to pay the fee. Please confirm with your bank what the banking charges for your payment are:**

|  |  |
| --- | --- |
| Bank:  | First National Bank, Cape Town branch |
| Physical Address: | 5th Floor Media City, No 1 Heerengracht, Foreshore, Cape Town |
| Account Name: | Stellenbosch University – Foreign Income |
| Account Number: | 62107177083 |
| Branch Code: | 204109 |
| S.W.I.F.T Address: | FIRNZAJJ |

**Proof of payment must be sent to:**

cindyp@sun.ac.za

**Payments may be made personally to the cashiers at the Tygerberg Campus:**

Office hours:   Monday to Friday, 08:00 to 15:00