

Application form/**Distinguished visitor**  
**Discovery Foundation Awards for Healthcare in rural  
and undeserved areas**



(CLOSING DATE: 15 JANUARY 2025)

**Host facility or health system applying for visitor:**

Name of representative of host facility or health system:

Title:

Surname:

First names:

Designation:

Short biography of facility or health system (max 50 words):

Brief background to the facility (max 300 words):

Contact details:

Email:

Fax:

Telephone:

Cellphone:

Physical address:

Postal address:

**Full name of proposed visitor:**

Title:

Surname:

First name:

Current position:

Gender: Male    Female

Race: African    Coloured    Indian    White

Designation:

Institution or hospital that the visitor is from:

**Budget breakdown:**

**Important notice:** Please complete the application form in full. An incomplete application form may result in disqualification. Failure to adhere to the page and word-count limit may also result in disqualification. Anything other than the requested documents will not be considered.

Category	Cost per unit	No. of units	Total cost	Motivation	Additional funding amounts	Source of funding	Comments
<b>1. Personal</b>							
Distinguished visitor honorarium*							
<b>2. Travel and accommodation</b>							
Flights							
Car hire							
Accommodation							
<b>4. Administrative equipment and consumables</b>							
Software							
Hardware							
Printing							
Stationery							
Data/airtime							
<b>5. Training support</b>							
Clinical/training equipment							
Refreshments for meetings/trainings							
<b>7. Other specify</b>							
<b>TOTAL</b>							

**Limitations of budget**

\* Daily fee to the distinguished visitor to a maximum of R5,000 a day

Duplication of salary expenses will not be covered if the distinguished visitor is employed fulltime by a province or university, unless the distinguished visitor has to take unpaid leave

Conference attendance is not covered

Expected date of completion:

**Attach the following documents:**

A 2 – 3 page CV of the proposed visitor

Short motivation for application (max 300 words)

Details of proposed programme (max 300 words)

Details of potential benefits for the programme (max 300 words)

Letter of support from the host institution or hospital

Email completed application forms and supporting documents to [discoveryfoundation@tshikululu.org.za](mailto:discoveryfoundation@tshikululu.org.za)