

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



(CLOSING DATE : 15 JANUARY 2024)

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 names:

Current position:

Gender: Male  Female

Race: African  Coloured  Indian  White

Designation:

Institution or hospital that the visitor is from:

Budget breakdown:

Expected date of completion:

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**Attach the following documents:**

A 2–3 page CV of the proposed visitor	<input type="checkbox"/>
Short motivation for application (max 300 words)	<input type="checkbox"/>
Details of proposed programme (max 300 words)	<input type="checkbox"/>
Details of potential benefits for the programme (max 300 words)	<input type="checkbox"/>
Letter of support from the host institution or hospital	<input type="checkbox"/>

**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.

Email completed application forms and supporting documents are to **discoveryfoundation@tshikululu.org.za**