

(CLOSING DATE : 23 OCTOBER 2023)

Full name of project leader:

Title: _____

Surname: _____	First names: _____
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Designation: _____

Track record of project leader (max 300 words):

Contact details of project leader:

Email: _____	Fax: _____
Telephone: _____	Cellphone: _____
Physical address: _____	Postal address: _____
_____	_____
_____	_____

Full name of sub-specialty candidate:

Title: _____

Surname: _____	First names: _____
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Current position: _____

Gender: Male Female

Race: African Coloured Indian White

ID number: _____

HPCSA registration number: _____

Contact details:

Email: _____	Fax: _____
Telephone: _____	Cellphone: _____
Physical address: _____	Postal address: _____
_____	_____
_____	_____

Institution: _____ Unit/Department: _____

Sub-specialty: _____

Details of HPCSA accreditation (max 50 words):

Budget breakdown:

Sub-specialty candidate (continued)

Details on payment arrangements and institutional cost recovery (if any):

Expected date of completion:

Attach the following documents:

A copy of the candidate's ID	<input type="checkbox"/>
A 2–3 page CV of the project leader and sub-specialty candidate	<input type="checkbox"/>
Details of sub-specialty accreditation by the Health Professions Council of South Africa	<input type="checkbox"/>
Details of the sub-specialty and motivation (max 300 words)	<input type="checkbox"/>
Details and track record of the unit (max 300 words)	<input type="checkbox"/>
Short motivation for application (max 300 words)	<input type="checkbox"/>
Letter from the dean of the academic institution detailing the total number of applications	<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 to discoveryfoundation@tshikululu.org.za