MPhil in Psychiatry Stellenbosch University: APPLICANT INFORMATION

Please tick the MPhil degree that you wish to register for (choose only one)

Addiction psychiatry Neuropsychiatry	Child & Adolescent Psychiatry Geriatric Psychiatry	Community Mental Health Infant Mental Health	
Mindfulness			

Please choose ONE answer in both A and B

MC	MODE OF STUDY				
Α	Full time				
	Part time (this is not possible all MPhil programs and is considered on a case by case basis)				

CL	INICAL EXPOSURE		
В	I will be able to primarily perform MPhil related clinical work at Stellenbosch University aligned hospitals		
	I will primarily perform MPhil related clinical work at other hospital(s) in the Cape Town area (the viability of this is considered on a case by case basis)	Please name other hospital(s)	

Proposed month and year of commencement	
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PERSONAL DETAILS

TITLE			SURNAME				
FIRST NAM	ES						
AGE		DATE	OF BIRTH		ID NUMBER		
HOME LAN	GUAGE(S)					
RESIDENTI	AL ADDRI	ESS					
N							
POSTAL AL different from		f					

OCCUPATION						
EMPLOYER						
WORK ADDRESS						
TELEPHONE	(W)				(H)	
MOBILE				FAX		
EMAIL ADDRESS						
CITIZENSHIP						
PROFESSIONAL REGISTRATION						
REGISTERING BO	DY			REGIS	TRATION NUMBER	

LANGUAGE PROFICIENCY

Please list all languages with which you are familiar. Indicate your proficiency in reading, writing, speaking and understanding by using the categories excellent, fair and poor.

Language	Speak	Read	Write	Understand

EDUCATION (please list in reverse order) *Please attach certified copies of all degrees and certificates.*

Qualification	Year	Institution	Major subjects	Marks obtained

OTHER RELEVANT QUALIFICATIONS / INFORMAL EDUCATION (please list in reverse order)

Course	Institution	Year	Duration

OCCUPATIONAL HISTORY

CURRENT POSITION			
DATE COMMENCED			
MAIN RESPONSIBILITIES			
OCCUPATIONAL HISTO	DRY(please list in revers	e order)	
Dates	Position	Employer	Main Responsibilities

RESEARCH EXPERIENCE (please list in reverse order)

Year	Project Title	Type of Research	Role	Supervisor (if applicable)

FORMAL RESEARCH TRAINING (please list most recent first) Please provide details of all formal research courses completed

Course	Year	Institution	Marks obtained (if applicable)

PUBLICATIONS (please list in reverse order i.e. the most recent first) *Provide full reference*

PRIZES/AWARDS RECEIVED (please list the most recent first)

Year	Details

OTHER RELEVANT EXPERIENCE (e.g. teaching, leadership positions, etc)

Year	Details

ACCESS TO TECHNOLOGICAL RESOURCES

Please tick all technological resources you have regular access to:

Internet Access	Dial-up	ADSL	Satellite	Mobile broadband	Other (please specify)	
Personal Laptop			C	Desktop PC		Smartphone	

MOTIVATION

Please write a short motivation explaining why you would like to register for this particular MPhil in Psychiatry

REFEREE REPORTS

Name of Referee	
Position	
Institution	
Email Address	
Tel	FAX
EMAIL ADDRESS	

Name of Referee	
Position	
Institution	
Email Address	
Tel	FAX
EMAIL ADDRESS	

DECLARATION	
I certify that the information supplied in this application is correct.	
Signature of Applicant	Date