



AFRICAN PAEDIATRIC FELLOWSHIP PROGRAMME (APFP) APPLICATION FORM



Prerequisites for APFP Fellowship: (tick all applicable fields)

1. Affiliated to University Teaching Hospital
2. Support from named Supervisor (at University Teaching Hospital)
The supervisor letter of support needs to state clearly how your fellowship will benefit your home institution.
3. Affiliated to Government/Public Hospital
4. Returning to work in Government/Public Hospital

All applicants are required to attach the following documentation:

1. Covering letter of application
2. Application form (see below)
3. Full Curriculum Vitae
4. Supervisor letter of support
5. Copies of relevant degree certificates and transcripts
6. IELTS test results (if available)

<input type="checkbox"/>	Where did you hear about us?	
<input type="checkbox"/>	Search engine enquiry	<input type="checkbox"/>
<input type="checkbox"/>	APFP mailing list	<input type="checkbox"/>
<input type="checkbox"/>	Facebook page	<input type="checkbox"/>
<input type="checkbox"/>	Department Head/Colleagues	<input type="checkbox"/>
<input type="checkbox"/>	APFP site visit	<input type="checkbox"/>
<input type="checkbox"/>	Red Cross Hospital staff	<input type="checkbox"/>
<input type="checkbox"/>	At a course/conference	<input type="checkbox"/>
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	
<input type="checkbox"/>	Tick here if you would like to be added to the APFP mailing list	<input type="checkbox"/>

NOTE: An application which does not comply with the above requirements will be regarded as incomplete.

Emergency contact details (should we need to contact you urgently)		
First Name:	Surname:	Title:
1st Contact No:	2nd Contact No:	
Email:	Relationship to applicant: e.g. mother, father, aunt, colleague, etc:	

APPLICANT INFORMATION		APPLICANT DATE:	
First Name:	Surname:	Preferred name:	
Home Address:			
Town/City:	Country:	Postcode:	
Phone No:	E-mail Address:		
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	No of Children:	Ages:
Date of Birth: / /	ID/Passport number:	Citizenship:	
Are you a SA citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, do you have a permit to work in the SA? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Available Date:	Sub-speciality:		
Expected Outcomes [specific skills / exposure to speciality / accreditation in speciality (requires 2 years training time)]:			

FUNDING: You may tick more than one box		
Are you Self-Funded? (i.e. you will not require any funding from APFP)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, who will fund your fellowship?
Are you Part-Funded? ? (i.e. you have some funding, but require partial funding from APFP)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If APFP covers your University Fees, can you cover your own subsistence?
Do you need full APFP Funding?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If APFP Funding is needed, you will still have to find another source of funding as well!
Name of additional funding:		

ACADEMIC HISTORY: TERTIARY EDUCATION

UNIVERSITY/COLLEGE, COUNTRY:	FROM:	TO:	DEGREE/ QUALIFICATION FOR WHICH REGISTERED:	DATE OF COMPLETION:	PRINCIPAL SUBJECT:

ACADEMIC HISTORY: SECONDARY EDUCATION

Name and Place of school:	From(month/year):	/	From(month/year):	/
Type of final examination:	Result:			

NAMED SUPERVISOR THAT WILL SUPPORT YOU FOR THE DURATION OF YOUR TRAINING

Title:	Full Name:			
Institution:	Phone No:		()	
Email Address:	Job title:			

REFERENCES *Please list 2 professional references*

Title:	Full Name:			
Institution:	Phone No:		()	
Email address:	Job title:			
Title:	Full Name:			
Institution:	Phone No:		()	
Email Address:	Job Title:			

PREVIOUS EMPLOYMENT

Institution:	From:	To:
Job Title:	Supervisor:	
Responsibilities:		
May we contact your previous employment for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Phone No: ()
Institution:	From:	To:
Job Title:	Supervisor:	
Responsibilities:		
May we contact your previous employment for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Phone No: ()
Institution:	From:	To:
Job Title:	Supervisor:	
Responsibilities:		
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Phone No: ()

DISCLAIMER AND SIGNATURE

I hereby, certify that I have provided accurate information in this application.
If this application leads to a fellowship, I understand that false or misleading information in my application or interview may result in my release.

Signature:**Date:**

Email fully completed APFP application to: apfp@uct.ac.za