



SEMDSA FELLOWSHIP AWARD APPLICATION FORM

Personal:

Surname: _____

Name: _____

Title: _____ Birth date: _____ Age: _____

Gender: _____ Nationality: _____

Home address: _____

Postal address: _____

Telephone: Home: (_____) _____

Work: (_____) _____

Cellular: _____

Fax: (_____) _____

Email: _____

Academic:

Degree	Field of Study	University	Year

Prizes and awards for academic achievement:

Undergraduate: _____

Postgraduate: _____

Other (specify): _____

Research:

Publications: _____

Award detail:

Do you understand the terms of the award? _____

Do you understand that the training includes successful completion of the College of Medicine Certification in Endocrinology and Diabetes? _____

Do you understand that the Fellowship requires completion of a research project and presentation of the results at a SEMDSA or International Congress? _____

Do you understand that you are required to remain in South Africa for a minimum of 2 years after completion of the Fellowship training period? _____

State your reasons for applying for the Fellowship Award:

After completion of the training period do you:

1. Intend remaining in academic practice in South Africa? _____

2. Intend entering private practice in South Africa? _____

3. Intend applying for employment outside South Africa? _____

Reference:

Name 2 persons who will be able to provide reference reports

1. Name: _____
Title: _____
Address: _____

Telephone: _____
Fax: _____
Email: _____

2. Name: _____
Title: _____
Address: _____

Telephone: _____
Fax: _____
Email: _____

Signed: _____ **Date:** _____

Name: _____