

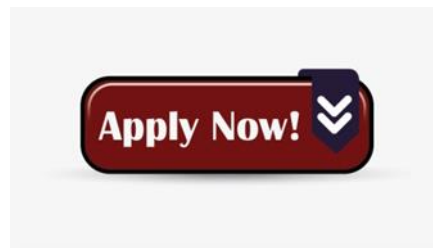


Stellenbosch

UNIVERSITY
IYUNIVESITHI
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forward together
sonke siya phambili
saam vorentoe

Departmental Form 2022



Master of Philosophy in Family Medicine

(M Phil in Family Medicine)

Division of Family Medicine & Primary Care

Contact Person:

Ms Nicole Cordon-Thomas,

Department of Family and Emergency Medicine

Division of Family Medicine & Primary Care

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*Please ensure that you have also completed the University form “Postgraduate Application for admission to the University”. This form asks for additional information relevant to the Division of Family Medicine and **BOTH** forms are required for an application to be complete. It is very important that you include all the necessary documents along with this departmental form. We cannot consider your application if we do not have all the correct information.*

A PERSONAL INFORMATION

Surname:	
First Name:	
Identity Number / Passport Number:	
Basic Qualification:	Year Obtained:
MP Number:	
Courier Address Street:	
Postal Code:	
City:	
Country:	
Post Box Address (This Will Not Be Used By The Courier Service):	
Postal Code:	
Contact Number (1): _____	
Contact Number (2): _____	
Email Addresses (Must Be Given):	

A1. Why do you want to do this M Phil degree in Family Medicine?

Write a paragraph below in English motivating your reasons.

B ACADEMIC LANGUAGE ABILITY

Did you graduate with a health professions bachelor's degree (or equivalent) in South Africa?

Yes / No

Was your undergraduate course presented in English?

Yes / No

Did you complete the IELTS (International English Language Test)?

Yes / No

The programme is presented in English. If your answers to either of these three questions are "No", then we might require you to complete a Test of Academic Literacy for Postgraduate Students – TALPS. This test will be completed on-line.

C ENROLLMENT INFORMATION

C1. Please indicate if you will be enrolled for any other courses or engaged in any other studies at the same time as this course?

C2. Please indicate if you have previously been enrolled in this course or a similar course (e.g. PGDipFamMed,) at any University or institution?

C3. Health Professions Council of SA Registration (or your country equivalent):
(Attach a certified copy of your currently valid registration certificate)

Registration no: _____

Category of registration: _____

C4. Please indicate if you have previously been the subject of a disciplinary hearing with your employer or registration body

D ENROLLMENT INFORMATION

Specific admission requirements:

- A health professions bachelors' degree (NQF level 8) or an equivalent qualification approved by Senate for this purpose.
- Registration as a health professional with the Health Professions Council of South Africa, or the equivalent in your country of practice.
- Working in a context suitable for the practice of Family Medicine or Primary Care;

E INTERNET ACCESS AND COMPUTER SKILLS

- Do you have a personal computer / laptop / tablet with Windows?
Yes / No
- Do you have internet access with ADSL or 3G dongle?
Yes / No

F REFERENCES

Please provide us with two referees who have worked with you recently and can speak of your academic and professional ability. These people should be accessible by phone AND email. One should be your current superintendent or supervisor if you have one. Please do not give relatives as references.

Choose people that will respond quickly to a request for a reference from the University.

Name	Daytime contact number (must be provided)	Email address (must be provided)

G MARKETING FEEDBACK

How did you hear about the programme (please tick below)?

Advert in CME journal

Advert in SA Family Practice Journal

Leaflet

Internet search / Website

Word of mouth

Other

If other, please specify

Please note that failure to answer all the questions in this form or to provide the other forms required will delay and may even prevent your successful application.

I hereby certify the aforementioned information is complete and accurate. I declare that the University is entitled to cancel my registration immediately should it become apparent that any of the particulars furnished above in this departmental form is/are untrue or incorrect.

I declare that I have read the programme brochure and course regulations contained therein.

Signature of Applicant

Date

**Provide a brief description of your
Proposed Research Topic – COMPULSORY**