

Bursary Application

Division of Cardiology — Bursary Application Form

PURPOSE

To assist the Division of Cardiology in selecting a candidate for an advertised bursary.

WHO SHOULD COMPLETE

Only persons wishing to apply for an advertised bursary.

SPECIAL NOTES

¹ — All information treated with strictest confidentiality. Personal details must correspond with ID or passport.

² — Passport number in the case of non-South Africans.

³ — Required to comply with the Employment Equity Act, 1998.

⁴ — Only taken into account if it directly relates to bursary requirements.

A. BURSARY

Type of bursary	
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B. PERSONAL INFORMATION

Surname					
First Names					
Date of Birth (DD/MM/)		ID Number ²			
Race ³	<input type="radio"/> African	<input type="radio"/> White	<input type="radio"/> Coloured	<input type="radio"/> Indian	
Gender ³	<input type="radio"/> Female		<input type="radio"/> Male		
Do you have a disability? ³		<input type="radio"/> YES		<input type="radio"/> NO	
Are you a South African Citizen?		<input type="radio"/> YES		<input type="radio"/> NO	
If no — Nationality		Valid permit?	<input type="radio"/> YES		<input type="radio"/> NO
Criminal conviction or dismissal from employment? ⁴		<input type="radio"/> YES		<input type="radio"/> NO	
Professional registration number					

■ Please attach a comprehensive CV — qualifications, work experience and references.

C. HOW DO WE CONTACT YOU

Preferred language for correspondence	
Mobile number	
Email address	

D. LANGUAGE PROFICIENCY — STATE GOOD, FAIR OR POOR

	Language 1	Language 2	Language 3	Language 4	Language 5
Specify:					
Speak					
Read					
Write					

DECLARATION

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified.

Signature of Applicant

Date