

Advanced Training Programme Application Form – DARA South Africa

Personal Data

1. Title:					
2. Last Name:					
3. First Name:					
4. Middle Name:					
5. Postal Address:					
6. Email Address:					
7. Telephone:					
8. Gender		Male:	Female:		
9. Date of Birth:					
10. Nationality:					
Academic & Professional Background					
11. Academic Background	i.	Level (grade):			
Note		Field:			
List three of your most recent academic awards starting with your highest qualification: include level (Degree, Masters or PhD), grade, field of study, awarding institute and date. Example -Bachelor (2:1) - Medical Physics, -University of Ghana, -2014		Institute:			
		Date:			
	ii.	Level (grade):			
		Field:			
		Institute:			
		Date:			
	iii.	Level (grade):			
		Field:			
		Institute:			
		Date:			
12. Previous DARA Students		_	J year of study:J year of study:		



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13. Statement of	
Interest &	
Motivation:	
N-4-	
Note	
Write a brief (1 page)	
statement of interest	
and motiviation with	
empahsizes on your	
potential interets in	
the research topi	
advertised.	



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References

14. Reference		Name:	
Note Provide names, institutes, postal addresses and email addresses of persons who can give a	Reference 1	Institute: Address:	
recommendation about your		Email:	
academic and research abilities.		Name:	
research abilities.	2	Institute:	
	Reference 2	Address:	
	<u> </u>		
		Email:	
Projects			
15. Project Selection			
Select one of the avaible projects (masters or PhD)			
16. Start Date, Institute, Local Supervisor		Start Date: Local university in your home country:	
·		Deparment where you will register:	
Note If selected, what date will		Local supervisor:	
you be available to start your studies and which university in your home country will host you		** please supply letter of accpetance or proof of registration from the university that will host you, as well as a supporting letter from the academic that will act as your local supervisor at you university. **	
Declaratio	n		
17. Accurancy of information		I declare that all information provided is accurate and supporting evidence has been attached.	
		Print Name:	
		Sign:	
		Date:	