Application form/ Individual Discovery Foundation Awards for Healthcare in rural areas



(CLOSING DATE : 15 JANUARY 2022)		
Full name of applicant:		
Title:		
Surname:	First names:	
Current position:	That halles.	
Gender: Male		
Race: African Coloured Indian White		
ID number:		
Institution:	Unit/Department:	
Contact details:	Chily Departments	
Email:	Fax:	
Telephone:	Cellphone:	
Physical address:	Postal address:	
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_		
If research is proposed, provide full name of supervisor:		
Title:		
Surname:	First names:	
Contact details of supervisor:	riist lidilles.	
Email:	Fax:	
Telephone:	Cellphone: Postal address:	
Physical address:	POSIAI AUUTESS.	
Award applying for:		
Family Medicine Registrars Senior Rural Doctors Family Medicine Specialists		
If research is proposed, provide title of research topic:		
Institution of supervisor:		
Unit of supervisor:		
Budget breakdown:		
Expected date of completion:		

Attach the following documents:	
A copy of the applicant's ID	
A 2–3 page CV	
Registrars applying for an award should provide a letter of support from their academic institution	
A letter of support from the associated academic institution (for sabbatical leave applications)	
Two reference letters from recent or current seniors familiar with the applicant's work	
Research outline (introduction; objectives; method – max 300 words)	
Short motivation for application (max 300 words)	
Details of project applying for support (max 300 words)	

Important notice: Please complete the application form in full. An incomplete application form may result in disqualification. Failure to adhere to the page and word-count limit may also result in disqualification. Anything other than the requested documents will not be considered.

Email completed application forms and supporting documents to discoveryfoundation@tshikululu.org.za