



# NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES

of the NATIONAL HEALTH LABORATORY SERVICE



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Sandringham 2131  
South Africa

## Application for SA FELTP 2-year residency program in Applied Field Epidemiology, 2010/2011

### 1. Personal and Contact Information

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ <YYYY/MM/DD> Age: \_\_\_\_\_

Gender: [ ] male [ ] female

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Title of Current Position: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone (work): \_\_\_\_\_

Fax (work): \_\_\_\_\_

E-mail (work): \_\_\_\_\_

3. Please describe your written and spoken ability in English, and other language skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Referee 2**

**Name:** \_\_\_\_\_

**Title and position:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone (work):** \_\_\_\_\_

**Fax (work):** \_\_\_\_\_

**E-mail (work):** \_\_\_\_\_

**References (Mark x where appropriate):**

Enclosed

Sent separately

**10. "I certify that the information provided in this application is true and complete to the best of my knowledge."**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_