**Application to attend NICD training courses: 2020**

This form must be filled in and submitted by all applicants, regardless of university/institute affiliation. A legible email address is essential – please print. When applicable, note that both the immediate registrar supervisor and the HOD of the university department to which you belong need to sign approval (below). This is to ensure properly-authorised attendance.

**Programme requested** (see schedule): Core 3-week Course  5th October – 23rd October 2020

Mycology/Parasitology/Virology  9th November – 13th November 2020

Please note intensive courses only offered to candidates who have attended the Core 3-week Course.

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| Complete following questions | **Responses are required for all questions** |
| Name |  |
| Email (print clearly) |  |
| Tel/fax No |  |
| Cell phone No |  |
| Year of medical/scientist/other primary qualification |  |
| University/institution where obtained |  |
| Year of starting current specialty (if applicable) |  |
| University of current registration (if applicable) |  |
| Discipline in which you are currently specialising (*e.g.*, microbiology, virology, clinical pathology, medicine, infectious diseases) |  |
| Year of study in the discipline indicated above (*e.g*., 2nd, 3rd, 4th): |  |
| Primary/first part MMed exam completed (mark one only): | Yes No |
| Previous time spent at NICD, if any (provide dates) |  |
| When do you plan to write the final exam in your specialty? Dates? |  |
| If applicable, please indicate which year you attended the Core 3-week course |  |

Immediate Supervisor: Approved………………………(sign.)………………………..................(Name)

Head of Affiliated University Department: Approved……………………………(HOD sign.)

Date……………………. ………………………….(HOD name)

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Fax applications to: 011 555 0435 or email to: [mphot@nicd.ac.za](mailto:mphot@nicd.ac.za);

Closing dates for applications: April 3, 2020