



Application to attend NICD training courses: 2026

This form must be filled in electronically and submitted by all applicants, regardless of university/institute affiliation. 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):

NICD Virology week rotation: 19 – 23rd October 2026

Complete following questions	Responses are required for all questions
Name & Surname	
Email	
Cell phone no	
Year of medical qualification	
University where obtained	
Year of starting current specialty	
HPCSA Registration number	
University of current registration	
Discipline in which you are currently specialising (e.g., microbiology, virology, clinical pathology, public health, 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 <input type="checkbox"/> No <input type="checkbox"/>
When do you plan to write the final exam in your specialty? Dates?	

Immediate Supervisor: Approved (signature)

(Name & Surname)

Date:

Head of Department: (HOD signature) Approved

(HOD Name & Surname)

Date:

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E mail applications to: mzikazid@nicd.ac.za

Closing dates for applications: 05 September 2026 or when maximum capacity has been reached





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