



Stellenbosch

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Departmental Form 2024



M Med in Family Medicine

Division of Family Medicine & Primary Care

Contact Person:

Ms Nicole Cordon-Thomas
Department of Family and Emergency Medicine
Division of Family Medicine & Primary Care
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A. PERSONAL INFORMATION

Surname:
First Names:
Identity Number / Passport Number:
Basic Qualification:
Institution Obtained:
Year Obtained:
HPCSA First Registration:
MP Number:
Persal Number:
Courier Address Street:
Postal Code:
City:
Post Box Address (This Will Not Be Used for The Courier Service):
Postal Code:
Contact Number (1) (Required) : _____
Contact Number (2): _____
E-Mail Address (Required) :

A1. Why do you want to pursue this Masters degree in Family Medicine?

Write a paragraph below in English motivating your reasons.

B. ACADEMIC LANGUAGE ABILITY

Did you graduate MBChB in South Africa? Yes / No
Was your undergraduate course presented in English? Yes / No
Did you complete the IELTS (International English Language)? Yes / No

If English is/was not the medium of instruction during your under- and/or postgraduate studies, you may be required to provide evidence of your English Language proficiency in the form of a formal, recognised English Language placement test result.

C. ENROLLMENT INFORMATION

C1. Please indicate if you will be enrolled for any other courses or engaged in any other studies at the same time as this course:

C2. Please indicate if you have previously been enrolled in this course or a similar course (i.e., DipFamMed or MFamMed) at any University or institution:

C3. Health Professions Council of SA Registration
(Please attach a certified copy of your registration certificate)

• Registration _____ nr:

• Category _____ of _____ registration:

C4. Please indicate if you have previously been the subject of a disciplinary hearing with your employer or registration body:

D. ENROLLMENT INFORMATION

Please indicate in the table below your preferences as a registrar for placement in the training complexes.

See MMed brochure for more information.

Training complex	Please rank the complex in order of preference where 1 = first choice and 5 = last choice.
Cape Town East Metropole Training Complex	
Cape Winelands Training Complex	
Garden Route Training Complex	
Overberg Training Complex	
West-Coast Training Complex	

E. INTERNET ACCESS AND COMPUTER SKILLS

E1. Do you have a personal computer / laptop with Windows?

Yes / No

E2. Do you have internet with ADSL or 3G dongle available?

Yes / No

F. REFERENCES

Please provide us with three referees who have worked with you recently and can speak of your professional ability. They should be accessible by phone, email and must respond quickly to a request for a reference from the University.

One should be your current superintendent or supervisor if you have one. Please do not give relatives as references.

Name	Contact Number (Required)	Email Address (Required)

G. MARKETING FEEDBACK

How did you hear about the programme (please tick below)?

Advert in CME journal

Advert in SA Family Practice Journal

Leaflet

Internet search / Website

Word of mouth

Other

If other, please specify.....

All applicants must submit an official University application form via the University's electronic application system. Your application will be considered as soon as we receive all your supporting application documents.

It is very important that you submit all the necessary documents along with this departmental form.

If we do not receive all your documents by the closing date via the University's electronic application system, your application will unfortunately not be considered. Your application documents as well as proof of payment must be uploaded online before the closing date.

Please note that failure to properly answer all the questions in this form or to provide the other forms required, will delay and may even prevent your successful application.

I hereby certify the aforementioned information is complete and accurate.

I declare that the University is entitled to cancel my registration immediately should it become apparent that any of the particulars furnished above in this departmental form is/are untrue or incorrect.

I declare that I have read the programme brochure and course regulations contained therein.

Signature of Applicant

Date