

APPLICATION FORM: PGDip IN PUBLIC MENTAL HEALTH 2023

ATTACH OR
INSERT
PASSPORT
SIZE
PHOTOGRAPH
HERE

| | | | | |
|--|-----|--|----|--|
| Would you like to be considered for an ARISE fellowship? | Yes | | No | |
| Would you be able to self-fund? | Yes | | No | |

INSTITUTIONAL PREFERENCE

Please indicate the University you would prefer to register with.

| | | | |
|-------------------------|--|-------------------------|--|
| Stellenbosch University | | University of Cape Town | |
|-------------------------|--|-------------------------|--|

PLEASE NOTE: CPMH is responsible for ensuring equitable registration between the participating universities and cannot guarantee that applicants will register with their university of choice.

PERSONAL DETAILS

| | | | |
|---|-----|---------------|---------------|
| TITLE | | SURNAME | |
| FIRST NAMES | | | |
| AGE | | DATE OF BIRTH | / / ID NUMBER |
| HOME LANGUAGE(S) | | | |
| RESIDENTIAL ADDRESS | | | |
| POSTAL ADDRESS (if different from above) | | | |
| DISABILITY (please state nature of disability and details of special needs) | | | |
| OCCUPATION | | | |
| EMPLOYER | | | |
| WORK ADDRESS | | | |
| TELEPHONE | (W) | | (H) |
| MOBILE | | FAX | |
| EMAIL ADDRESS | | | |

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|----------------------------------|--|----------------------------|--|
| CITIZENSHIP | | | |
| PROFESSIONAL REGISTRATION | | | |
| REGISTERING BODY | | REGISTRATION NUMBER | |

LANGUAGE PROFICIENCY

Please list all languages with which you are familiar. Indicate your proficiency in reading, writing, speaking and understanding by using the categories excellent, fair and poor.

| Language | Speak | Read | Write | Understand |
|----------|-------|------|-------|------------|
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EDUCATION (please list in reverse order)

Please attach original university transcripts as well as certified copies of all degrees and certificates.

| Qualification | Year | Institution | Major subjects | Marks obtained |
|---------------|------|-------------|----------------|----------------|
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OTHER RELEVANT QUALIFICATIONS / INFORMAL EDUCATION (please list in reverse order)

| Course | Institution | Year | Duration |
|--------|-------------|------|----------|
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FORMAL RESEARCH TRAINING (please list in reverse order)

Please provide details of all formal research courses completed and attach certified copies of results and/or certificates. These courses refer to specific research training courses, such as non-degree short courses. Please do not repeat the qualifications you listed above. Formal research training is not a prerequisite for this PGDip programme.

| Course | Year | Institution | Marks obtained (if applicable) |
|--------|------|-------------|--------------------------------|
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RESEARCH EXPERIENCE (please list in reverse order)

Research experience is not a prerequisite for this PGDip programme.

| Year | Project Title | Type of Research | Role | Supervisor (if applicable) |
|------|---------------|------------------|------|----------------------------|
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FAMILIARITY WITH COMPUTER AIDED DATA ANALYSIS PACKAGES

Please list all computer aided data analysis packages with which you are familiar, indicating your proficiency in use as excellent, fair or poor.

| Package | Poor | Fair | Excellent |
|-------------------|------|------|-----------|
| Atlas.ti or NVivo | | | |
| SPSS or STATA | | | |
| Any other... | | | |
| | | | |
| | | | |

ACCESS TO TECHNOLOGICAL RESOURCES

Please tick all technological resources you have regular access to:

| | | | | | |
|-----------------|---------|------|------------|------------------|------------------------|
| Internet Access | Dial-up | ADSL | Satellite | Mobile broadband | Other (please specify) |
| Personal Laptop | | | Desktop PC | | Smartphone |

Note: Access to a laptop or desktop computer, as well as reliable internet access is necessary for participation in the PGDip programme.

PUBLICATIONS (please list in reverse order i.e. the most recent first)

Provide full reference

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PRIZES/AWARDS RECEIVED (please list in reverse order)

| Year | Details |
|------|---------|
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OTHER RELEVANT EXPERIENCE (e.g. teaching, leadership positions, etc)

| Year | Details |
|------|---------|
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OCCUPATIONAL HISTORY

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|---|-----------------|-----------------|------------------------------|
| CURRENT POSITION | | | |
| DATE COMMENCED | | | |
| MAIN RESPONSIBILITIES | | | |
| <i>Please note: You will need to be released from your job and other responsibilities for full weekdays to attend the training programme online or in Cape Town from 16 January to 27 January 2023.</i> | | | |
| OCCUPATIONAL HISTORY (please list in reverse order) | | | |
| Dates | Position | Employer | Main Responsibilities |
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MOTIVATION

Please write a 1-page essay explaining why you would like to register for the PGDip in Public Mental Health.

Please outline some of the challenges you have experienced in the mental health field in your region (half a page).

Please explain how you will benefit, personally and professionally, from doing this course (half a page).

How do you anticipate you will use what you learn from the course in your work and/or region (half a page)?

REFEREE REPORTS

Please identify two referees who are willing to write a letter for you. Once you have applied we will contact them directly to obtain their references. Please provide the names and contact details of your referees here.

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|---------------------------|--|------------|--|
| Name of Referee #1 | | | |
| Position | | | |
| Institution | | | |
| Email Address | | | |
| Tel | | FAX | |

| | | | |
|---------------------------|--|------------|--|
| Name of Referee #2 | | | |
| Position | | | |
| Institution | | | |
| Email Address | | | |
| Tel | | FAX | |

DECLARATION

- I understand that the CPMH is responsible for ensuring equitable registration between the participating universities and accept that I cannot be guaranteed registration with my university of choice.
- I certify that the information supplied in this application is correct.

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Signature of Applicant

Date