**APPLICATION FORM: PhD IN PUBLIC MENTAL HEALTH**



**PERSONAL DETAILS**

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

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| **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.*

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

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| **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 degree qualifications you listed above.*

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

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| **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.*

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| **Package** | **Poor** | **Fair** | **Excellent** |
| Atlas.ti |  |  |  |
| NNVIVO |  |  |  |
| SPSS |  |  |  |
| STATA |  |  |  |
| Any other... |  |  |  |
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**ACCESS TO TECHNOLOGICAL RESOURCES**

*Please tick all technological resources you have regular access to:*

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

**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)**

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

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| **Year** | **Details** |
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**OCCUPATIONAL HISTORY**

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| **CURRENT POSITION** |  | | |
| **DATE COMMENCED** |  | | |
| **MAIN RESPONSIBILITIES** |  | | |
| ***Please note: you will need to be released from your job and other responsibilities if you receive an AMARI fellowship.*** | | | |
| **OCCUPATIONAL HISTORY(please list in reverse order)** | | | |
| **Dates** | **Position** | **Employer** | **Main Responsibilities** |
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**MOTIVATION**

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| Please write a 1 page essay explaining why you would like to register for a PhD in Public Mental Health. How will you benefit, personally and professionally? |
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**PLAGERISM**

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| Please write 3 paragraphs on: 1) what is plagiarism; 2) the types of plagiarism; and 3) the potential consequences of plagiarism. |
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**In no more than 6 pages please set out the following:**

**Provisional Research Title**

**Introduction/Rationale**

*What is the historical context/background of your topic? What is known, what is known? How is your study going to fill the gap?*

**Aims and Objectives**

**Research Methods**

*This should include: 1) Setting; 2) Participants; 3) Procedure; 4) Measures: and 5) proposed analysis.*

**Ethical considerations**

**References**

\*Note: Please note that your proposal will be put through turnitin a programme that checks for plagiarism in all forms\*

**REFEREE REPORTS**

*Please select two referees and ask them to complete the attached referee forms. Completed referee forms must reach the selection committee by 31 August 2016. No applications will be considered without two completed referee forms. Please provide the names and contact details of your referees here, in case they have to be contacted for further information.*

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| **Name of Referee** | | | |  | | |
| **Position** | | | |  | | |
| **Institution** | | | |  | | |
| **Email Address** | |  | | | | |
| **Tel** |  | | | | **FAX** |  |
| **EMAIL ADDRESS** | | |  | | | |

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| **Name of Referee** | | | |  | | |
| **Position** | | | |  | | |
| **Institution** | | | |  | | |
| **Email Address** | |  | | | | |
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| **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.    Signature of Applicant Date |



**Dear Referee,**

**Thank you for your assistance. Please note the following:**

* *To aid our selection process we would appreciate you completing the form in detail.*
* *Should you wish to submit the report directly to us, please save it as* ***a PDF file*** *and**send it to* [*Songelwa.Mobo@uct.ac.za*](mailto:Songelwa.Mobo@uct.ac.za)

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| **Name of Candidate** | | | |  | | |
| **Name of Referee** | | | |  | | |
| **Position** | | | |  | | |
| **Institution** | | | |  | | |
| **Email Address** | |  | | | | |
| **Tel** |  | | | | **FAX** |  |
| **In what capacity and for how long have you known the candidate?** | | |  | | | |

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| **In your opinion, is the applicant able to initiate and successfully complete research projects independently?** |
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| **Do you consider his/her knowledge and academic background sufficient to undertake a PhD in Public Mental Health?** |
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| **Please mention any outstanding characteristics of the applicant and of his/her work (if any) which you feel are important in terms of this application.** |
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| **Please mention any limitations (if any) you are aware of that may impede the applicant’s ability to successfully complete this course.** |
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| **Please provide any additional information that you feel may be relevant.** |
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**Signature of Referee Date**