

**ADDITIONAL APPLICATION FORM
POSTGRADUATE DIPLOMA IN HIV/AIDS MANAGEMENT (PDM)**

INSTRUCTIONS AND APPLICATION PROCEDURE

STEP 1: Complete **THIS APPLICATION FORM** and sign the declaration in the last section of this form. This application form is in addition to the University application form.

STEP 2: Submit the **TWO COMPLETED APPLICATION FORMS** referred to above, **ACCOMPANIED BY THE FOLLOWING DOCUMENTATION** before 31 October.

1. The application fee is R300.00 for both forms. A cheque or postal order can be made out to Stellenbosch University (cash will not be accepted).
2. **Original** academic records (certified copies if posted - originals during summer) issued by tertiary educational institution(s) comprising detailed particulars of number of years studied, courses taken, marks obtained in these courses, and qualifications obtained.
3. Please submit one passport size photo.
4. All correspondence must be addressed to the Programme Manager: Administration.

Delivery address: Africa Centre for HIV/AIDS Management
Industrial Psychology Building, Merriman Avenue
Stellenbosch University, Stellenbosch

Postal address: Africa Centre for HIV/AIDS Management
Private Bag X1
Matieland
7602

NOTES:

1. Incomplete applications will **NOT** be considered.
2. If you are uncertain about any aspect of your application, contact the programme manager on +27 21 808 3002, 808 3006, 808 2964 or 808 2621 or fax +27 21 808 3015, or e-mail pdm@sun.ac.za. It is the applicant's responsibility to ensure that his/her application reaches the centre before the closing date.

SECTION 1: NAME AND ADDRESSES OF APPLICANT

Surname: _____ First names: _____

Residential address: _____

Province: _____

Postal address (if different): _____

Business address (if employed): _____

Telephone (home): _____ Dialling code: _____

Telephone (work): _____ Dialling code: _____

Telephone(cell): _____ Dialling code: _____

Fax: _____ Dialling code: _____

E-mail: _____

SECTION 2: BIOGRAPHICAL AND RELATED DETAILS

If you have been registered at Stellenbosch University before please state your student number: _____

This section must be completed:

Date of birth: _____ Age: _____

Identity number: _____ Citizenship: _____

Gender: _____ Marital status: _____

Home language: _____

Leadership positions at present (provide dates): _____

Committees you served on or are serving on at present, and briefly describe your functions: _____

Name any special awards, medals, prizes: _____

COMPUTER SKILLS:

Please choose the appropriate box

	Never used	Poor	Average	Good
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach any qualification related to computers.

SECTION 3: EDUCATION AND TRAINING

IF YOU ARE STUDYING AT THE MOMENT, PROVIDE THE FOLLOWING DETAILS:

Institution: _____ Degree/diploma enrolled for: _____

Year of study (e.g. final): _____ Student number: _____

Majors, marks and symbols: _____

PROVIDE DETAILS OF ALL TERTIARY QUALIFICATIONS OBTAINED

Institution	Qualification	Year obtained	Major/s

Provide details of any other specialised training and/or qualifications: _____

Provide details of professional registrations, as well as date of first registration (e.g. registered psychologist since 1996): _____

SECTION 4: WORK-RELATED EXPERIENCE

Your present employment status (mark one with a cross):

Employed _____ Self-employed _____ Unemployed _____ Full time student _____

PRESENT EMPLOYER (if employed): _____ Telephone: _____

Position: _____ From (date): _____

No. of people you currently supervise: _____

Brief job description: _____

If self-employed, provide full details: _____

Indicate why you should be accepted for the postgraduate diploma: _____

Who will be responsible for your tuition fees:

self employer need bursary

SECTION 5: REFERENCES

Provide the following details of at least **THREE PERSONS** who may be contacted as references, including at least **ONE** previous/present superior if you are employed or have been employed:

Name	Telephone (work)	Telephone (home)	Relationship (e.g. relative, supervisor)	Period known (years)

Please submit a letter of support from your supervisor, confirming that you will be allowed to be trained on the job through completion of assignments at work, which include, *inter alia*, developing HIV/AIDS workplace policy, developing and implementing a workplace strategic plan, conducting research on the impact of HIV/AIDS in the workplace.

SECTION 6: GENERAL

Explain how you became aware of the postgraduate diploma you are applying for (e.g. newspaper ad (which one), brochure, friends, colleagues, presentation, etc): _____

Briefly furnish any additional information that you want to submit in support of this application: _____

SECTION 7: DECLARATION

I HEREBY DECLARE -

1. That **ALL ADDITIONAL DOCUMENTATION** required in terms of the Instructions and Application Procedure, as described on the front page of this application form, **IS INCLUDED** with this application and that I am aware of and accept the fact that **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**;
2. That the information submitted with this application are true and accurate;
3. That Stellenbosch University may cancel my registration immediately should it become apparent that any information submitted with this application is untrue, inaccurate, or intended to mislead.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

CHECK THAT THE FOLLOWING IS INCLUDED

- University application form
- R 300.00 application fee, postal order/cheque (made out to Stellenbosch University)
- 1 passport size photo
- Certificates/Records

Please Note: International students submit certificates and transcripts of all their qualifications.