A picture containing food, room

Description automatically generatedLogo, company name

Description automatically generatedA picture containing text

Description automatically generatedLogo, company name

Description automatically generated

*Strengthening public mental health in Africa*

ATTACH OR INSERT PASSPORT SIZE PHOTOGRAPH HERE

**APPLICATION FORM: PGDip IN PUBLIC MENTAL HEALTH 2025**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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/ PASSPORT 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** | | |  | | | | | | | |
| **EMAIL ADDRESS** | | |  | | | | | |
| **CITIZENSHIP** | | |  | | | | | |

**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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**OTHER RELEVANT QUALIFICATIONS / INFORMAL EDUCATION (please list in reverse order)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course** | **Institution** | **Year** | **Duration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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 |  |  |  |
| Other |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ACCESS TO TECHNOLOGICAL RESOURCES**

*Please tick all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Resources** | **During office hours** | **After hours** | **During office hours & after hours** |
| Reliable internet access |  |  |  |
| Desktop computer |  |  |  |
| Laptop |  |  |  |
| 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*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**PRIZES/AWARDS RECEIVED (please list in reverse order)**

|  |  |
| --- | --- |
| **Year** | **Details** |
|  |  |
|  |  |
|  |  |

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

|  |  |
| --- | --- |
| **Year** | **Details** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**OCCUPATIONAL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT POSITION** |  | | |
| **DATE COMMENCED** |  | | |
| **MAIN RESPONSIBILITIES** |  | | |
| ***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 20-31 January 2025.*** | | | |
| **OCCUPATIONAL HISTORY (please list in reverse order)** | | | |
| **Dates** | **Position** | **Employer** | **Main Responsibilities** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MOTIVATION**

|  |
| --- |
| **Please write a 1-1.5 page essay explaining why you would like to register for the MPhil in Public Mental Health, including how you will benefit (personally and professionally) from doing this course.** |
|  |

|  |
| --- |
| **Please outline some of the challenges you have experienced in the mental health field in your region (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.*

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

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

|  |
| --- |
| **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 |