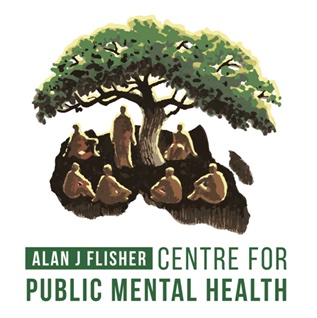
A picture containing food, room

Description automatically generatedLogo, company name

Description automatically generatedGraphical user interface, diagram

Description automatically generated with medium confidence

Logo, company name

Description automatically generated

ATTACH OR INSERT PASSPORT SIZE PHOTOGRAPH HERE

**APPLICATION FORM: MPhil IN PUBLIC MENTAL HEALTH 2024**

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

**INSTITUTIONAL PREFERENCE**

*Please indicate the University you would prefer to register with.*

|  |  |  |  |
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| **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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** | | | | | | |  | | | | | | | | | |
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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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Package** | **Poor** | **Fair** | **Excellent** |
| Atlas.ti or NVivo |  |  |  |
| SPSS or 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 for full week days to attend the training programme online or in Cape Town from 15 January to 2 February 2024.*** | | | |
| **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 the MPhil in Public Mental Health.** |
|  |

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

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| **Please explain how you will benefit, personally and professionally, from doing this course (half a page).** |
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| **How do you anticipate you will use what you learn from the course in your work and/or region (half a page)?** |
|  |

**PLAGIARISM**

|  |
| --- |
| Please write 3 paragraphs on: 1) what is plagiarism; 2) the types of plagiarism; and 3) the potential consequences of plagiarism. |
|  |

****

**MPhil (PUBLIC MENTAL HEALTH):**

**BRIEF RESEARCH PROPOSAL**

***Please do not exceed 3 typed pages***

**In no more than 3 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 the following subheadings:*

***a. Setting***

*Note: Where will your study take place?*

***b) Participants***

*Note: How and where will you recruit participants for your study? What are the inclusion and exclusion criteria?*

***c) Procedure***

*Note: Give a precise description of the procedure of data collection (replicability). Who will conduct the interviews or do the observations? Who will administer and score the tests, questionnaires? Where and under what conditions will the data be collected?*

***d) Measures***

*Note: Provide a detailed description of your data collection methods. For example, observations, interviews, tests, questionnaires etc. Describe and motivate for your choice of data collection method. If tests and/or questionnaires will be used: provide details on the development, reliability and validity of the instruments in the sample and context in which it will be used.*

***e) Proposed Analysis.***

*Note: Provide a description of the quantitative or qualitative methods that will be used to analyse the data, e.g., statistical procedures such as t-tests, regressions for quantitative data and thematic analysis of qualitative data.*

**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 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** |  |

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

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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 |