

## APPLICATION FORM: PGDip IN PUBLIC MENTAL HEALTH 2025

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/<br>PASSPORT<br>NUMBER   |     |               |     |
| HOME LANGUAGE(S)   |     |               |     |
| RESIDENTIAL ADDRESS  |     |               |     |
| POSTAL ADDRESS<br><i>(if different from above)</i>                                 |     |               |     |
| DISABILITY <i>(please state nature of disability and details of special needs)</i> |     |               |     |
| OCCUPATION   |     |               |     |
| EMPLOYER   |     |               |     |
| WORK ADDRESS   |     |               |     |
| TELEPHONE  | (W) |               | (H) |

|                      |  |
|----------------------|--|
| <b>MOBILE</b>        |  |
| <b>EMAIL ADDRESS</b> |  |
| <b>CITIZENSHIP</b>   |  |

**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

|  |
|--|
|  |
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|  |

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

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

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

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

**OCCUPATIONAL HISTORY**

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

## 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.

|                           |  |
|---------------------------|--|
| <b>Name of Referee #1</b> |  |
| <b>Position</b>           |  |
| <b>Institution</b>        |  |
| <b>Email Address</b>      |  |
| <b>Tel</b>                |  |

|                           |  |
|---------------------------|--|
| <b>Name of Referee #2</b> |  |
| <b>Position</b>           |  |
| <b>Institution</b>        |  |
| <b>Email Address</b>      |  |
| <b>Tel</b>                |  |

### 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**