



SEFAKO MAKGATHO
HEALTH SCIENCES UNIVERSITY

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DEPARTMENT OF CLINICAL PSYCHOLOGY

2019 APPLICATION FORM

Kindly **courier/hand deliver** this form in confidence to Brenda Ledwaba (Secretary) to the following address:

Department of Clinical
Psychology Room N547
Clinical Pathology building
Sefako Makgatho Health
Sciences University Medunsa,
0204

Tel: (012) 521-4632

The closing date for applications, together with all supporting documents and Referee forms, is 31 May 2018.

The selection process will take place 25 – 27 June 2018 and the final listing of selected students will be finalized towards the end of the week and on 29 June 2018.

The selection of students into the course is competitive; applicants should be in possession of an Honours degree in Psychology or equivalent with a minimum of 60% in subjects.

INTERVIEWER:
CANDIDATE:
HONOURS AVERAGE MARK:
TIME:

Biographical Information

Surname : _____

Full names : _____

Postal address : _____

Physical address: _____

Email : _____

Telephone no : (H) _____ (W) _____ cell: _____

Identity/passport
no : _____

Gender : _____

Marital status : _____

No of dependants: _____ Ages: _____

University education: Honours degree

Please fill in **ONLY** the **psychology subjects** you enrolled for during your university/college career starting with recent qualifications (attach your full academic transcript for other courses). Kindly note that degrees obtained in countries other than South Africa must be accompanied by an endorsement certificate from SAQA.

Name of university/college	From	To

Subjects							
4 th year	Marks	3 rd year	Marks	2 nd year	Marks	1 st year	Marks

Average Honours mark: _____

Other Academic qualifications (attach proof or copies)

Work experiences

Name of employer	Position held	From	To	Reason for resignation

Other relevant experiences

Have you applied to any other university for selection this year? **YES []** **NO []**

If yes, for which category did you apply? _____

Kindly indicate your research area of interest: _____

Has any previous application for an MSc or M.A degree in Psychology been unsuccessful?
YES [] **NO []**

If yes, please state where, when and why? _____

I _____ hereby declares that the above information is true and accurate and that I have not withheld any information in this form.

Signature : _____

Date : _____

Referees

Please give two names of referees who could comment on your suitability as an MSc Psychology candidate. At least one must be a professional.

Full Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Occupation: _____ Phone: _____

Address: _____

Referee 1's motivation form

Candidate's full names and surname: _____

Referee's full name and surname: _____

Occupation: _____

Contact: (w) _____ cell: _____

Email address: _____

Postal address: _____

In what capacity do you know the candidate? _____

Please write two paragraphs why you think that the above candidate is suitable to be considered for MSc Clinical Psychology selection at Sefako Makgatho Health Sciences University.

Referee's signature: _____

Date: _____

Referee 2's motivation form

Candidate's full names and surname: _____

Referee's full name and surname: _____

Occupation: _____

Contact: (w) _____ cell: _____

Email address: _____

Postal address: _____

In what capacity do you know the candidate? _____

Please write two paragraphs why you think that the above candidate is suitable to be considered for Clinical Psychology selection at Sefako Makgatho Health Sciences University.

Referee's signature: _____

Date: _____