



COMPRES

Faculty of Health Sciences

SCHOOL OF PSYCHOSOCIAL HEALTH: PSYCHOLOGY

**APPLICATION FORM FOR MASTER OF HEALTH SCIENCES
IN RESEARCH PSYCHOLOGY**

Passport photograph

1. General particulars:

Surname _____

Names _____

First name _____

Postal address _____

Telephone number & e-mail _____

Postal address of work (if applicable) _____

Telephone number _____

Date of birth _____

Marital status	Married	Single	Divorced
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Linguistic ability	Poor	Average	Good
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Afrikaans			
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English			
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African language (specify)			
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Other (specify)			
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Associations/organisations of which you are a member _____

Hobbies / Leisure activities _____

2.1 High School attended

Matric subjects and symbols:

2.2 Universities attended:

University	Degree obtained	Year

3. WORK EXPERIENCE:

Name of employer	Capacity in which employed and nature of work	From/to	Reason for resignation

4. Have you also applied to any other university for selection?

Yes	No
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If yes, where AND for which Degree/Category?

5. What do you plan to do with the qualification?

Private practice	Work for an institution	Uncertain
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6. Referees

Please provide particulars of two referees that can be contacted for information about your research skills.

Title	Name	Address	Tel. no.

I hereby declare that I have provided the correct information on this application form.

Signature

Date

Additional information

NB: Please remember to submit all relevant documents as communicated in the 'Letter to Applicant'.

Please return the completed application form with the additional information to:

Prof Werner de Klerk
Programme Administrator (Research Psychology Programme)
Associate Professor / Research Psychologist
School of Psychosocial Health
North-West University
Potchefstroom

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