



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:

Dr Werner de Klerk
Programme Administrator (Master of Health Sciences in Research Psychology)
Senior Lecturer / Research Psychologist
School of Psychosocial Health
North-West University
Potchefstroom

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