REGISTRAR INFORMATION (CV) TEMPATE

To be submitted with Z83

PERSONAL INFORMATION					
Surname					
Full Names					
Date of birth					
Postal address					
Physical address					
Contact number					
E-mail address					
SA ID number					
Passport Number					
Race	African	White	Indian	Coloured	Other
Gender	Female		Male		
Language proficiency					
Do you have a valid SA Drivers Licence?	Yes		No		
Do you have a disability?	Yes		No		
Are you a South African citizen?	Yes		No		
Are you a South African citizen by descent/ naturalization?	Yes		No		
What is your Nationality if not South African?					
Do you have a valid work permit?	Yes		No		
Have you been convicted of a criminal offence or been dismissed from employment?	Yes		No		
If yes, please provide the details					
You will not be able to apply for this position if you are unregistered with the HPSA					
Are you currently registered as a Medical Practitioner with HPCSA? (Independent Practice)	Yes		No		
Please enter the date upon which you will have been registered for the current year					
Please enter your HPCSA Number					
When did you first register with the HPCSA as a Medical Practitioner? (Independent Practice)					
Are you applying for another Discipline/s?	Yes		No		
If yes, which Discipline/s? (indicate order of preference ranking)					

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REGISTRAR POST QUESTIONS		
Have you previously been employed as a Registrar or completed Registrar training?	Yes	No
At which University was this done?		
In which Discipline did you do Registrar time?		
When did you start this Registrar time?		
When did you complete this Registrar time?		
Why are you reapplying?		
Did you complete the previous registrar training?	Yes	No
Please state the reasons why you did not complete the training?		
EDUCATIONAL QUALIFICATIONS		
Where did you obtain your undergraduate degree? (MBCHB or equivalent)		
When did you obtain your undergraduate degree? (MBCHB or equivalent)		
If you have a foreign qualification, please indicate where and when you obtained the qualification from		
Do you have an Evaluation Certificate from SAQA for the foreign qualification?	Yes	No
Have you obtained the Diploma in the Discipline you are applying for?	Yes	No
When did you pass your Diploma?		
Please enter your Diploma exam number if you are currently writing		
Do you have a Diploma equivalent qualification?	Yes	No
When did you obtain this Diploma equivalent qualification?		
Do you have the Primary examination/Part 1 in the Discipline you are applying for?	Yes	No
When did you obtain your Primary/Part 1?		
Please enter your Primary/Part 1 exam number if currently writing		
Do you have a Primary/Part 1 equivalent qualification?	Yes	No
When did you pass this Primary/Part 1 qualification?		
Do you hold any other qualifications? (ACLS, ATLS, ACTS etc.)		
WORK EXPERIENCE		
During which period did you complete intern training?		
During which period in your Internship training did you train in the Discipline you are applying for?		

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Where did you complete your community service?		
During which period did you complete community service?		
What proportion of your community service year was in the Discipline you are applying for?		
Have you been appointed as a Medical Officer since completing Community Service?	Yes	No
You are not eligible for a Registrar post until you have completed more than 12 months Medical Officer time at the closing date of the advert for this post		
MEDICAL OFFICER EMPLOYMENT		
Organisation employed at as Medical Officer appointment after community service?		
Which speciality was this Medical Officer appointment under?		
Period of employment?		
Organisation employed at as Medical Officer appointment after community service?		
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Period of employment?		
Please list other employment that you have had. You may be contacted to provide more details.		
Please explain any gaps longer than 3 months in your employment history.		
Are there any additional notes you would like to make about your employment history?		
REFERENCES		
Do we have your permission to contact your referees to provide us with a closed reference?	Yes	No
If not, please contact the relevant Discipline to do discuss this choice		
CURRENT LINE MANAGER		
Title of your current line manager?		
Organisation/Institution of current line manager?		
Initials and surname of your current line manager?		
Email address of your current line manager?		
Contact number of your current line manager?		
OTHER REFEREES		
Title of referee?		
Organisation/Institution of referee?		
Initials and surname of referee?		
Email address of referee?		
Contact number of referee?		
Title of referee?		
Organisation/Institution of referee?		
Initials and surname of referee?		
Email address of referee?		

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Contact number of referee?		
ADDITIONAL FACTORS – RESEARCH TYPE EXPERIENCE		
Have you done a research methodology course?	Yes	No
If yes, which research methodology course did you do?		
What is the name of the course you have done/ are involved in?		
Which Institution provides this course?		
What is the duration of this course?		
Is a formal qualification issued at the end of the course?	Yes	No
Have you completed a Good Clinical Practice (GCP) certificate?	Yes	No
If yes, which GCP certificate have you obtained?		
Have you ever presented a poster/s or given a lecture at a congress?	Yes	No
If yes, which meeting/s did you present at?		
When did you present?		
What was the title/s of the presentation or poster/s?		
Have you ever been credited with authorship on paper/s?	Yes	No
What was your role on the paper/s?		
Please provide journal reference/s for the paper/s		
ADDITIONAL FACTORS: LEADERS		
Have you held a leadership position/s that you regard as advantageous to this application?	Yes	No
Please describe the leadership position/s?		
Have you held another significant leadership position/s?	Yes	No
Please describe the leadership position/s?		
END OF GENERAL SECTION OF APPLICATION PROCESS		
Are there any special circumstances that the Committee should be aware of? Examples would be disability and/or chronic illness	Yes	No
If yes, please provide details of your special circumstances		

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Please provide any other information which you deem relevant for this application	
Date completed	
Signed	