



POSTGRADUATE DIPLOMA IN HEALTH PROFESSIONS EDUCATION AND LEADERSHIP

Application for enrolment

Kindly complete all the required information and submit all required documentation. Once you have completed this step, you will receive a message within 24 hours indicating that you have completed the request for registration and that your application has been submitted for review.

Thank you in advance for applying for enrolment for the Postgraduate Diploma in Health Professions Education and Leadership.

Personal Information

Title	Prof		Dr		Mr		Mrs		Miss	
Initials										
First Name										
Surname										
Gender										
Ethnicity	African		Asian		Coloured		White			
Identification Type										
Identity Number / Passport Number										

Contact Information

Work Number	
Home Number	
Mobile Number	
Email Address	
Physical address	
City	
Province	
Area code	
Postal address	
City	
Province	
Postal code	
Billing address	
City	
Province	
Area code	



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Profession Information

Country					
Province					
City					
Company/Organisation					
Profession					
Are you registered with a professional council	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Council				Council number	
Are you a SAFRI fellow?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Checklist

Have you included the following required supporting documentation (*select all that apply*):

Proof of National Senior Certificate for graduating from Grade 12	<input type="checkbox"/>
Proof of undergraduate degree in health sciences or equivalent qualification	<input type="checkbox"/>
Copy of RSA Identification document or passport	<input type="checkbox"/>

I, _____ hereby submit the application for enrolment to the Foundation for Professional Development (PTYD) Ltd, for the Postgraduate Diploma in Health Professions Education and Leadership.

Applicant signature

Date