

**PERSONAL DETAILS** 

1.

## DEPARTMENTAL APPLICATION FORM FOR ENROLMENT AS POSTGRADUATE STUDENT

1.1 Surname: Maiden name:						
1.2 Firs	t name:					
1.3 Pos	tal address with code:					
1.4	Identity number:					
1.5	Student number:					
1.6	Home telephone number: ()	PLEASE PASTE				
1.7	Work telephone number: ()	PASSPORT-SIZE PHOTO				
1.8	Mobile number:	HERE				
1.9	Fax number: ()					
1.10	E-mail address:					
1.11 P	rofessional registration number as social worker:					
If I am accepted as a student, I will furnish the Department of Social Work annually (at the beginning of the second semester) with my receipt as proof of professional registration with the SA Council of Social Service Professions.						
2. PRESENT WORK SITUATION						
2.1 Employer and locality:						
2.2 Current position:						
3. TERTIARY EDUCATION (i.e. all education – not only in social work)						





Training establishment	Degree/diploma/certificate obtained	Major Year obtaine subjects		

## 4. **EXPERIENCE** (i.e. all experience – not only in social work)

Employer	City/Town	Post occupied	From (date)	To (date)	
		_	_		

<ul><li>5. INTENDED STUDY</li><li>Indicate with a ✓ which course you would like to enrol for:</li></ul>
☐ Master's degree – MSW – research:  For social workers with at least a four-year degree, or an honours degree, or a four-year diploma in social work who want to write a <u>dissertation</u> .
□ Doctoral degree – PhD:  For social workers with at least a master's degree in Social Work who want to write a <u>doctoral thesis</u> .
I would like to do research on:

6.	LANGUAGE PROFICIENCY	(Indicate skills with a X):
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LANGUAGE	READ		WRITE		SPEAK		UNDERSTAND					
(add if	Goo	Aver	Poor	Goo	Aver	Poor	Goo	Aver	Poor	Goo	Aver	Poor
necessary)	d	age		d	age		d	age		d	age	
English												
Afrikaans												
Other:												

## 7. LIST OF ATTACHED CERTIFIED COPIES OF DOCUMENTS (RESULTS, CERTIFICATES, REGISTRATION AS A SOCIAL WORKER, ID)

Dated	Description of document	Name of Issuer	Connection with student		
			!		

	DECLARE TH	AT THE INFORMATION IN THI	S FORM IS TRUE AND C	CORRECT.
S	Signature		Date	