



Signed _____

Date _____

APPLICATION FORM PEPFAR Fellowship Programme

To qualify for the PEPFAR Fellowship Programme, candidates must:

1. Have their masters qualification or be in their final year of studies towards their masters qualification
2. Be a South African citizen or have permanent resident status with an official identity book.

- ✓ *You will be registered once we have received your full application and the documents listed at the end of this application.*
- ✓ *The referees that you list will be contacted in order to conduct references as soon as we receive this application.*
- ✓ *Only short listed candidates will be contacted regarding posts, but all candidates will stay on our data base for current and future consideration even if not contacted for a specific intake.*
- ✓ *Placements are administered as per our intake periods; please visit our website for information on intake dates.*
- ✓ *Keep your profile updated and send us updated documents. Also inform us if you are no longer interested in the program.*
- ✓ *We do not guarantee your placement as a PEPFAR Fellow but do request that you take a look at our website and indicate the positions that you qualify for and would like to be considered for. You are required to specify this under the reference code section below.*
- ✓ *You can email us at any stage to inform us if you want to apply for a new post – do not re-apply using this form.*
- ✓ *This is a fellowship program and salaries will therefore be determined within our budget scope and program objectives but will also be considered according to your experience and qualification status.*
- ✓ *Monitoring & Evaluation posts will not exceed R16 000/month including medical aid, and health care clinical posts can go up to R23 000/month including medical aid.*
- ✓ *You will need to print, complete and scan in and email or post this application as it requires your signature and the Indemnity format the end of this application form to be completed. Please do not fax your photo or ID as this will be unclear and not accepted*

Confidential

*Please ensure that your name is clearly stated on each page of the application form if it is being faxed through to us.
Also ensure that "N/A" is inserted in areas that are not applicable.*

REFERENCE CODE

Reference number of the specific post/s you are applying for

PERSONAL DETAILS

Surname	
Forenames / First names	
Title (Prof. Dr. Ms. Mr. etc)	
South African Identity Document Number	
Current Residential Address	
Current Postal Address	
Home Telephone number (and dialing code)	
Work Telephone number (and dialing code)	
Cell/Mobile number	
Fax number	
Email address	
Do you have a driver's license? Specify type:	

PEPFAR Fellowship Programme

Tel: +27 (0) 12 816 8300/9000/8311/8305 | Fax: 012 807 5104

Email: fellowship@foundation.co.za

Website: www.fellowship.foundation.co.za

Funded by:



Coordinated by:



PEPFAR was made possible through support provided by the U.S. Agency for International Development/South Africa under the terms of Award No 674-A-00-04-00025-00025-00.

LANGUAGE PROFICIENCY

Please rate as per the following criteria: native-speaker (fluent); near-native fluency; good; moderate or poor. Specify your other languages in the lines available.

LANGUAGE	SPEAK	READ	WRITE
English			

DISABILITIES

* "People with disabilities" means people who have a long term or recurring physical or mental impairment which substantially limits their prospects of entry into or advancement in employment or the performance of normal day to day tasks or functions.

Are you Disabled? (yes / no)	
If Yes, please state the kind of disability.	

MEDICAL INFORMATION

Do you have any medical history or condition that may affect your ability to meet the requirements of the specific position that you are interested in applying for? (If yes, please specify.)

CRIMINAL RECORD

Do you or any of your dependants have a criminal record that may reasonably be thought relevant to your unfitness for this position or that may affect your insurability as a fellow employee?	Yes	No
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If yes, please state details and the date that it occurred.

ACADEMIC RECORD

Specify type of Masters Degree obtained/in process of completion	Completed	In Process	Type of Masters?
Name of University and Department where Masters degree was obtained / being obtained			
Number of years enrolled for this masters degree			
Is this your final year of your masters degree? If not, which year are you currently in?			
Contact details of academic supervisor/mentor			
Specify any academic sponsorship commitments which may interfere with the six-month fellowship placement			
Specify all other degrees and/or diplomas obtained before and /or after Masters degree			

FELLOWSHIP PREFERENCES

**These details will help us to place you in a fellow position which is most suitable to you and which is mutually beneficial to both you and the specific PEPFAR placement partner.*

List the province/s in which you would consider placement as a PEPFAR Fellow	
Specify the region/s in the province/s you listed	
Please note type of AIDS service organization which you prefer to be placed with	
Please note preferred expertise focus area	

EMPLOYMENT RECORD

Are you currently employed?	YES	NO
Employer's name and contact details?		
Position held at present?		
Salary scale for current position?		
Briefly describe your main duties and responsibilities		
How you will manage the 1 year fellowship placement with your current employer as this is a full time 1 year contract position?		
Why do you want to leave your current position?		

PEPFAR FELLOWSHIP PROGRAMME

Have you previously been placed as a fellow in a sponsored program?	NO	YES	Specify if Yes:
Why are you interested in a fellowship with PEPFAR partners/AIDS service organizations?			

How did you hear about the PEPFAR Fellowship Programme? (PFP)
Circle YES or NO accordingly & SPECIFY FURTHER where necessary in the spaces provided

FPD Website?	PFP Website?	Advert? WHERE?	Brochure FROM?	University WHERE? Website/ newspaper/ lecturer/ school?
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Word of Mouth?	Internet Which site?	Conference Which one?	Employer Who?	Other (Specify below NB!)
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

Notice period required / Date you can commence with the one year fellowship?	
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REFERENCES

*Supply the information required below for two professional referees. We cannot progress further without this information. If you do not have any work experience please detail academic referees. They will be contacted and requested to conduct necessary reference checks with reference to your performance and critique and will influence your application further.

1st Referee	
Company/Organization Name	_____
Address (location)	_____
Name	_____
Position in the company	_____
Relation to you	_____
Contact number/s and dialing code	_____
E-mail Address	_____

2nd Referee	
Company/Organization Name:	_____
Address (location)	_____
Name	_____
Position in the company	_____
Relation to you	_____
Contact number/s and dialing code	_____
E-mail Address	_____

FINAL REQUIREMENTS TO COMPLETE YOUR APPLICATION (only complete profiles will be registered)

Please scan and send the following required documents to fellowship@foundation.co.za

(No faxing as the documents are not received clear. Alternatively you may post to the postal address below)

1	Completed sections C, D & E of indemnity form on page 5 of this application
2	Updated CV/ Résumé
3	Certified copies of qualifications (Masters degree, post graduate degrees, diplomas, certificates, other relevant etc.)
4	Proof of registration for your current Masters degree for the current year (if masters still in process)
5	Copy of your academic record for all modules completed to date
6	Certified copy of South African Identity Document (scan&email or post – do not fax)
7	Certified copy of your driver's license (scan&email or post – do not fax)
8	South African Police clearance certificate (send receipt of payment now and then send the certificate once received)
9	Most recent copy of your salary slip (if applicable)
10	Digital ID photo of yourself (scan&email or post – do not fax)
11	Copy of annual registration with Health Professions Council of SA (HPCSA) - (if applicable)
12	Cover Letter outlining why you want to join the PEPFAR Fellowship Program South Africa and how you will contribute towards working within a HIV/AIDS service organization in terms of your skills and experience.

Please note: Your CV or Résumé must be up to date and should include the following:

(* Please include begin and end dates)

- ✓ all past work experience*
- ✓ educational background (including all degrees and diplomas received and in process with)*
- ✓ published works (including academic/scientific publications, popular articles, abstracts, papers and books)
- ✓ participation in subject-related conferences and symposia*
- ✓ memberships to professional affiliations/academic organizations*
- ✓ awards, scholarships and grants received (name, sponsoring organization and date)

DECLARATION

I hereby declare that all information furnished in this form is to the best of my knowledge true and correct. I understand that the PEPFAR Fellowship Programme Manager reserves the right to withdraw any offer of fellowship placement if the information furnished by me is inaccurate or misleading; I furthermore understand that the offer of fellowship placement is subject to satisfactory references.

Full Name

Signature

Date

PEPFAR Fellowship Programme

Tel: +27 (0) 12 816 8300/9000/8311/8305

Fax: 012 807 5104

Email: fellowship@foundation.co.za

Website: www.fellowship.foundation.co.za

Physical Address

Struland Office Park (West Block)
173 Mary Street
The Willows
Pretoria 0184

Postal Address

P.O. Box 75324
Lynnwood Ridge
0040
South Africa

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**Personal Credential Verification
Permission and Indemnity Declaration**

(A) COMPANY DETAILS ("The Company") To be completed by Company Agent – PLEASE PRINT

Company Name: Foundation for Professional Development Email: fellowship@foundation.co.za
 Branch Name: Foundation for Professional Development Phone: 012 816 8305
 Agent Name: Leanne Camara Fax: 086 567 0289

(B) CHECKS REQUIRED

Criminal by Name/ID	<input type="checkbox"/>	MIE ID Validation	<input type="checkbox"/>	Drivers License	<input type="checkbox"/>
Qualification	<input type="checkbox"/>	Fraud Listing	<input type="checkbox"/>	Professional Drivers Permit	<input type="checkbox"/>
Employment Reference	<input type="checkbox"/>	Sequestration	<input type="checkbox"/>	Permanent Residence	<input type="checkbox"/>
Passport	<input type="checkbox"/>	Citizenship	<input type="checkbox"/>	Retail Employment History	<input type="checkbox"/>
Directorship Search	<input type="checkbox"/>	Deed Search	<input type="checkbox"/>	CCMA Awards	<input type="checkbox"/>

Bureau Comprehensive	TransUnion	<input type="checkbox"/>	Experian	<input type="checkbox"/>	NOTE: Reason Code Required! Please select a Reason Code from the list below
Bureau Notices	TransUnion	<input type="checkbox"/>	Experian	<input type="checkbox"/>	
Bureau ID Verification	TransUnion	<input type="checkbox"/>	Experian	<input type="checkbox"/>	

- ** 1. Employment in a position that requires trust and honesty and entails the handling of cash or finances.....
- 2. Verifying educational qualifications and employment.....
- 3. Fraud detection and fraud prevention services.....

(C) PERSONAL INFORMATION

Surname: _____
 Full First Names: _____
 Maiden Name: _____ Date of Birth: _____
 Primary ID No: _____
 2nd ID / Passport: _____
 Res. Address: _____
 Code: _____

(D) QUALIFICATION INFORMATION To be completed by Candidate – PLEASE PRINT

	(1)	(2)	(3)
Qualification:			
Institution/School:			
City / Address:			
Date Obtained:			
Student No:			
Certificate No:			
Exam No:			

(E) INDEMNITY DECLARATION To be completed by Candidate – SIGN and DATE

I hereby authorize the Company's duly authorized verification agent, **Managed Integrity Evaluation (Pty) Ltd ("MIE")**, to forward any personal information as well as any information that I have provided in support of my application to verification information suppliers acting on behalf of MIE (including but not limited to the South African Police Services, the Government of the RSA, and any educational, training, credit bureau and fraud prevention organizations) for the purpose of verifying my personal credentials and records.

Authorized credential verification types include, but are not limited to, educational qualifications, professional membership, employment history, employment references, consumer credit, criminal record, drivers' license, and fraud prevention checks.

I authorize MIE's verification information suppliers to furnish information regarding my credentials, whether claimed or not, to MIE and the Company. I unconditionally indemnify MIE and its verification information suppliers against any liability that may result from furnishing information in this regard.

I understand that it is a condition of MIE's verification information suppliers that this information is furnished by them solely for the purposes of my proposed / continuation of employment via the offices of the Company and that any information that is furnished to the Company and MIE will be disclosed to me before a decision is made on my continued employment or application for employment.

CANDIDATE SIGNATURE _____ DD / MM / CCYY

As the enquiring Agent of the Company, and in the case that this form instructs MIE to provide consumer credit information, I hereby state that I understand the provisions of the National Credit Act (34 of 2005), section 70(2)(g), and the Regulations made in terms of the Act, section 18(4) and (5).

AGENT SIGNATURE _____ DD / MM / CCYY

All signatories to this document agree that MIE will NOT be held liable for the content, factual correctness or accuracy of any Supplier Data supplied to MIE for the Company by MIE's suppliers. The Company and the Candidate hereby indemnifies and holds MIE harmless against any loss arising from neglect or damage in procuring, communicating or failing to communicate information to the Company

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CONTACT DETAILS

PEPFAR Fellowship Programme
Foundation for Professional Development (FPD)

Tel: +27 (0) 12 816 8308 / 8309 / 8311 / 8305
Fax: 086 567 0287 / 086 567 0289 / 012 807 5104

For enquiries and applications email: fellowship@foundation.co.za

Website: www.fellowship.foundation.co.za

Postal Address:

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Pretoria, 0040
South Africa

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**** Thank you for your interest in the PEPFAR Fellowship Programme ****