

Application

PERSONAL INFORMATION

First Name: _____

Surname: _____

Date of Birth: Year _____ / Month _____ / Day _____

Gender: _____

Country of Birth: _____

Languages spoken: _____

CONTACT INFORMATION

Postal address: _____

(This is the address your Course material will be couriered to, please give full, concise details)

Work phone number: _____ Mobile: _____

Email: _____

(This email address will be used for ALL correspondence)

Website: _____

PROFESSIONAL INFORMATION

Current Position: _____

What is your professional status?

- Physician
- Resident
- Other

Training to date:

- Medical School: _____
- Date of graduation: _____
- Specialty: _____
- Degrees: _____
- Duties in relation to the practice of travel medicine: _____

- Have you done any post-graduate training? Yes No
If YES, which institution? _____
Country: _____ Year(s) _____

REFERENCES:

1. Name: _____
Relationship / Institution: _____
Phone / mobile number: _____
Email: _____
2. Name: _____
Relationship / Institution: _____
Phone / mobile number: _____
Email: _____

In addition to this application, please send the following documentation to admin@sastm.org.za and to info@iamat.org:

- *Curriculum Vitae*
- Current certificate of medical or nursing registration
- Copy of your Passport
- An essay of approximately 500 words explaining the following:
 - a. Your interest in travel medicine
 - b. How you plan to expand the field of travel medicine in your country or region
 - c. How the scholarship can assist you to achieve your professional goals

Thank you for applying. Only shortlisted candidates will be contacted for an interview.