

BIOGRAPHICAL FORM RA/PA

FOR OFFICIAL USE ONLY

PERSONNEL NUMBER	
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Please tick

- Research Associate
- Professional Associate

Surname		Initials	
Full name(s)			
Title			
Previous Surname			
Date of birth		Gender	

Appointment details

Appointment Start date Faculty to complete compulsory		Appointment End date	
Department/Faculty/Unit			
Name of Host/Mentor/Proposer) to (Research Associate / Professional Associates)			
Citizenship/Resident status	South African Citizen		
	Race/ethnic group (required for statistical purposes)		
	Permanent Resident Status		
	Foreign National (if yes, please indicate citizenship)		
ID Number (SA Citizens) (Please attach <i>certified</i> copy of ID where applicable)			

Passport details

*Please attach **certified** copy of passport*

Passport number		Country of issue	
Issue date		Expiry date	

Work permit details (if applicable)

*Please attach **certified** copy of work permit*

Permit number		End	
Start date			

Qualifications

(Kindly indicate highest doctoral qualifications obtained and submit certified copies)

QUALIFICATIONS OBTAINED	DATE OBTAINED (i.e. dd-mm-yyyy)	INSTITUTION

Major field of study/discipline		Major area of specialisation/research focus area
Contact details		
Current physical address (Compulsory)		
Current postal address		
Communication details		
Cell/mobile number (CT)		
E-mail address (ET)		
Other (OT)		
Work telephone (WT)		Home telephone (HT)
Work telephone (WT)		Web site address (ST)
<p>Declaration: I declare that the information furnished in this form is true and correct.</p>		
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Signature: Applicant</p>	

FOR OFFICIAL USE ONLY	
CESM CATEGORY	_____
Comments	_____