



STELLENBOSCH UNIVERSITY : FACULTY OF MEDICINE AND HEALTH SCIENCES
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- Only information completed on this form will be taken into account. No curriculum vitae, testimonials, quarterly reports or any other documentation is required.

PLEASE FILL IN THE PROGRAM FOR WHICH YOU ARE APPLYING:

(MB,ChB, BSc in Physiotherapy, B of Occupational Therapy, BSc in Dietetics, B of Speech-Language & Hearing Therapy)

Surname:
Name(s):
Date of birth (yyyy/mm/dd): SU student number:
Address:
Contact number: Cell: Home: Other:

DESCRIBE AND SPECIFY ALL activities clearly and tick the appropriate block where applicable.

1. LEADERSHIP IN SCHOOL/RESIDENCE: Where applicable, fill in the number between brackets, e.g. (1) or (2).

	Gr 10		Gr 11		Gr 12	
Head Girl/Boy						
Deputy Head Girl/Boy						
Residence Head Girl/Boy						
Prefect/Student Council						
Captain of a sports team (number of teams)		()		()		()
Vice-captain of a sports team (number of team)		()		()		()
Chairperson of an organization		()		()		()
Vice-chairperson of an organization		()		()		()
Junior City Council Member						
Editor of school newspaper						
Other: Specify						

2. COMMUNITY SERVICE: Participation in service organization(s). e.g. Interact, Cansa, voluntary work in homes and/or hospitals. Complete in brackets: monthly (M), weekly (W), once-off (O).

	Gr 10		Gr 11		Gr 12	
		()		()		()
		()		()		()
		()		()		()
		()		()		()
Other: Specify		()		()		()

3. CULTURAL ACTIVITIES AT SCHOOL: E.g. discussion groups, debating society, drama, art, music (only highest grade), religious/cultural activities

	Gr 10		Gr 11		Gr 12	
Other: Specify						

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G Psacharopoulos



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