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**Department of Psychiatry and Mental Health**

**Division of Intellectual Disability**

**APPLICATION FORM**

**MPhil (Intellectual Disability)**

**2023**

**PERSONAL DETAILS**

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| **TITLE** | |  | | | **SURNAME** | |  | | | | |
| **FIRST NAMES** | | |  | | | | | | | | |
| **AGE** |  | | **DATE OF BIRTH** | | | / / | | **PASSPORT/ ID NUMBER** | | |  |
| **HOME LANGUAGE(S)** | | | |  | | | | | | | |
| **RESIDENTIAL ADDRESS** | | | |  | | | | | | | |
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| **POSTAL ADDRESS (*if different from above*)** | | | |  | | | | | | | |
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| **DISABILITY *(please state nature of disability and details of reasonable accommodation needs)*** | | | |  | | | | | | | |
| **OCCUPATION** | | | |  | | | | | | | |
| **EMPLOYER** | | | |  | | | | | | | |
| **WORK ADDRESS** | | | |  | | | | | | | |
|  | | | | | | | |
| **TELEPHONE** | | | | (W) | | | | | (H) | | |
| **MOBILE** | | | |  | | | | | | | |
| **EMAIL ADDRESS** | | | |  | | | | | | | |
| **CITIZENSHIP** | | | |  | | | | | | | |
| **PROFESSIONAL REGISTRATION** | | | |  | | | | | | | |
| **REGISTERING BODY** | | | |  | | | | **REGISTRATION NUMBER** | |  | |

**FORMAL RESEARCH TRAINING, if any (please list most recent training first)**

*Please provide details of any formal research courses you may have completed, including non-degree short courses.*

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| --- | --- | --- | --- |
| **Course** | **Year** | **Institution** | **Marks obtained *(if applicable)*** |
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**RESEARCH EXPERIENCE, if any (please list most recent experience first)**

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| --- | --- | --- | --- | --- |
| **Year** | **Project Title** | **Type of Research** | **Role** | **Supervisor (if applicable)** |
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**FAMILIARITY WITH COMPUTER AIDED DATA ANALYSIS PACKAGES, if any**

*Please list all computer aided data analysis packages with which you may be familiar, indicating your proficiency in use as excellent, fair, or poor.*

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| --- | --- | --- | --- |
| **Package** | **Poor** | **Fair** | **Excellent** |
| Atlas.ti |  |  |  |
| NNVIVO |  |  |  |
| SPSS |  |  |  |
| STATA |  |  |  |
| Any other... |  |  |  |

**PUBLICATIONS,** *if any (please list the most recent first. Please list the full reference of your publication(s)*

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**Please indicate if you are applying for part-time or full-time study?**

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| **Part-time study** |  | **Full time study** |  |

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| Please write a brief motivation of no more than 150 words explaining why you would like to register for an MPhil in Intellectual Disability. How will you benefit professionally? What do you hope your research will add to the field? |
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**RESEARCH CONCEPT NOTE**

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| **Please very briefly outline your ideas for one potential research study for the MPhil using the guideline below. (We understand that this might not be your final topic). This research concept outline should be approximately 500 words** |
| **Provisional Research Title**  **Introduction/Rationale**  *What is the context/background of your topic? What is known about the topic? What is not known about the topic and what aspect of this will your study address?*  **Aims and Objectives**  *What is the main purpose of your research? (What do you aim to achieve? What would be your main research question for this study?)*  *What are your objectives for the study?*  **Research Methods** (*complete as far as you can)*  *How will you conduct the study: 1) Setting for your study; 2) Participants or sample 3) Procedures 4) Measures and 5) initial ideas for proposed analysis of the data collected.*  **Ethical considerations**  *Is there any potential harm that could result from the study? Any specific considerations regarding research with people with ID? How would you address these?*  **References** |

**REFEREE REPORTS**

*Please select two referees and ask them to submit this confidential referee form to* [*nikita.titus@uct.ac.za*](mailto:nikita.titus@uct.ac.za) *by 30 September 2022.*

**THANK YOU!**

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Department of Psychiatry and Mental Health

**Referees Report: MPhil (Intellectual Disability)**

**Confidential report** - Please submit the report by 30th September 2022 to [nikita.titus@uct.ac.za](mailto:nikita.titus@uct.ac.za) with the subject line “referee report for MPhil in Intellectual Disability. Thank you for your assistance.

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| **Name of Candidate** | | | |  | | |
| **Name of Referee** | | | |  | | |
| **Position** | | | |  | | |
| **Institution** | | | |  | | |
| **Email Address** | |  | | | | |
| **Tel** |  | | | | **MOBILE** |  |
| **In what capacity and for how long have you known the applicant?** | | |  | | | |
| **Do you consider the applicant’s knowledge and academic background sufficient to successfully undertake a master’s research project? What particular skills does he/she/they possess?** | | | | | | |
|  | | | | | | |
| **Please mention areas for development (if any) that may impact on the applicant’s ability to successfully complete this course, which might need attention by the student and/or support from supervisors?** | | | | | | |
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**Signature of Referee Date**