



**School of Public Health and Family Medicine**

Head of Department and Director: Professor Mohamed F Jeebhay

**Division of Family Medicine**

**Head: A/Professor Derek Hellenberg**

Private Bag X3, Rondebosch, 7701, South Africa

Faculty of Health Sciences, Anzio Road, Observatory, Cape Town

Tel: +27 (0) 21 406 6510 Fax: +27 (0) 21 406 6667

E-mail: [Natasha.Moodaley@uct.ac.za](mailto:Natasha.Moodaley@uct.ac.za)

Internet: [www.publichealth.uct.ac.za](http://www.publichealth.uct.ac.za)

---

## **POSTGRADUATE DIPLOMA/ MASTERS IN PALLIATIVE MEDICINE (PAEDIATRICS) 2019**

The Diploma programme is a 12-month course and is designed for experienced health care professionals including doctors, nurses, social workers and other disciplines, who wish to gain expertise in the management of patients with life-threatening illness.

The faculty also offers an MPhil in Palliative care by coursework and dissertation. The Diploma is a required entry qualification for the MPhil Palliative Medicine.

The extra-mural programmes take advantage of distance and practice-based learning techniques which are particularly suitable for palliative care.

Reading materials are posted onto VULA, which is web-based. There are regular clinical exercises to be completed which provide the basis of in-course assessments.

There will be a contact workshop with each semester (every 6 months). Further details of the course will be sent to successful applicants.

There are a limited number of bursaries available should you wish to apply for financial assistance.

**COMPLETED APPLICATION FORM TO BE SENT TO:**

**Ms Debbie Moodie**  
**PG Diploma in Palliative Care (Paediatrics)**  
**Red Cross Hospital, ICH Building, 5<sup>th</sup> Floor, Room 518**  
**Klipfontein Road, Rondebosch, 7700**

**E-mail:** [debbie.moodie@uct.ac.za](mailto:debbie.moodie@uct.ac.za)

**Tel:** (+27 21) 658 5316

**Fax:** +27 (0) 689 1287

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**D.O.B:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**work:** \_\_\_\_\_  **home:** \_\_\_\_\_

**fax:** \_\_\_\_\_  **email** : \_\_\_\_\_

**Qualifications:** \_\_\_\_\_ **Year of Full Registration:** \_\_\_\_\_

**Current job title:** \_\_\_\_\_

**MP Number:** \_\_\_\_\_ *(if applicable)*

**Clinical Base:** *[Please describe your current clinical responsibilities and indicate the proportion of your time spent providing palliative care]*

**What are your strengths?**

**What are your weaknesses?**

**PLEASE ENCLOSE AN OUTLINE OF YOUR CURRICULUM VITAE**

**MAXIMUM 2 X A4 PAGES**

**SIGNATURE:**

**DATE:**

Please provide the names and addresses of two referees who we can approach. This should include persons in your current workplace who can provide a statement of their support for you attending the course.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_