



science
& technology

Department:
Science and Technology
REPUBLIC OF SOUTH AFRICA

Science Centre Manager Training 2008 Submission Form¹

Please complete all fields of this form, stating N/A where appropriate.

Project Proposal Details

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PROJECT TITLE | |
| Explain why you want to attend the training (MAXIMUM 400 WORDS) Please provide additional information on a separate page, if necessary | |

¹ For SAASTA office use only

| | | |
|-------------------|---------------------------|----------------------|
| Programme: | SAASTA Ref Number: | Closing Date: |
|-------------------|---------------------------|----------------------|

Contact details

| | |
|---------------------------------------------------------------|--|
| SURNAME & TITLE | |
| FULL NAMES | |
| NATIONALITY | |
| DATE OF BIRTH | |
| IDENTITY NUMBER | |
| NAME OF ORGANISATION | |
| TYPE OF ORGANISATION | |
| ORGANISATION REFERENCE NUMBER | |
| STREET ADDRESS OF ORGANISATION | |
| MAILING ADDRESS OF ORGANISATION | |
| ORGANISATION TELEPHONE NUMBER | |
| ORGANISATION FAX NUMBER | |
| CELLPHONE | |
| EMAIL | |
| POSITION HELD BY & DEPARTMENT OF APPLICANT | |

Abbreviated CV of Applicant

| | |
|-----------------------------------------------|--|
| SUMMARY OF ACADEMIC QUALIFICATIONS | |
| SUMMARY OF RELEVANT EXPERIENCE | |

| | |
|-----------------------------|--|
| | |
| BRIEF CAREER HISTORY | |

Referees

Please provide the names and contact details of two reputable persons who can attest to the quality of your work.

| Name | Organisation & designation | Telephone | Email |
|------|----------------------------|-----------|-------|
| | | | |
| | | | |

Question and queries should be directed to:

Daphne Lekgwathi

Project coordinator

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