



UNIVERSITY OF CAPE TOWN  
CHILD GUIDANCE CLINIC

**FAXED APPLICATIONS  
WILL NOT BE ACCEPTED**

Please affix  
passport  
photograph  
here

**N.B.** Please enclose a full transcript of your academic record

**APPLICATION FOR ADMISSION TO M.A. (CLINICAL PSYCHOLOGY)  
TRAINING PROGRAMME**

Please return to: The Director, University of Cape Town Child Guidance Clinic, Chapel Road, Rosebank, Cape,  
7700. **Closing date** for applications is **noon on Friday**

TITLE:..... SURNAME:..... FIRST NAME:.....

DATE OF BIRTH:..... AGE:.....

ADDRESS: .....  
(Please report any change of address immediately)

Tel No.:..... Cell No.:..... Fax or Email No.:.....

How would you describe yourself according to the following categories as defined in the S.A. Employment Equity, Act 55 of 1998.

<b>Please tick the appropriate box:</b>	Disabled	White	Black African	Black Coloured	Black Indian	Other
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First degree	Date completed	Degree	University	Majors	Level pass of majors

Post-graduate (also give details of uncompleted degrees)

Date completed or estimated date of completion	Degree	University	Areas (state all areas covered in Honours)	Project or thesis title	Level passed

Additional academic information: Any additional degrees, diplomas, courses completed and distinctions earned.

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Languages:	Fluent	Read/Write	Understand
1	.....	.....	.....
2	.....	.....	.....
3	.....	.....	.....

Brief resume of experience and publications:

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**REFEREES:**

Please ask three people (preferably trained in clinical psychology, counselling or personnel psychology) to complete the enclosed Referee Reports, and to return them by the due date.

List the names, addresses and telephone numbers of your referees below:

1. ....  
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2. ....  
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3. ....  
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