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| A close up of a sign  Description automatically generated | COCHRANE AFRICA BURSARYAPPLICATION FORM | | | | |
| Course: Online Primer in Systematic ReviewsDate: 1 September to 17 November 2020 | | | | | |
| **YOUR DETAILS** | | | | | |
| Title: | | First Name: | | Surname: | |
| Institution name and address | | |  | | |
|  | | |
|  | | |
| E-mail: | | |  | | |
| Telephone  (incl. country code) | | | (work) | | (cell) |
| **Please tick the checklist below which is relevant to your application**   |  |  | | --- | --- | |  | I have attended any training on evidence-based health care or systematic reviews? (if yes, please provide details) | |  | I am resident in a sub-Saharan African (SSA) country  Name of Country: | |  | I am a researcher based at a South African historically disadvantaged institution (HDI)  Name of institution: |   **NB: Preference will be given to applicants from HDIs and you have to be based in a SSA country** | | | | | |
| **Motivation for being awarded a bursary**: Please provide a short motivation (maximum 200 words) for attending the PRIMER in systematic reviews online short course by adding the following:   1. How it will benefit your work and your institution 2. How you will implement skills attained in this course in your daily practice 3. Your current involvement with evidence-based health care | | | | | |

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| **Signature**: | **Date**: |

**Please submit the completed application form by 21 August 2020 to** [**ameer.hohlfeld@mrc.ac.za**](mailto:ameer.hohlfeld@mrc.ac.za)