Dear Applicant

Thank you for showing interest in our Masters Clinical Psychology programme at the University of Limpopo.

Kindly send, at your earliest convenience, not later than 15 July 2019, the following information together with your completed pre-application screening form (hereto attached):

- An updated curriculum vitae;
- An original academic record;
- Certified copies of your degree certificates and identity document;
- Current Honours students should provide the report stating a history of their Honours academic progress, and they should at least submit those progress reports together with their applications;
- Those who have completed their honours degrees should submit certified academic records and certificates together with their application forms;
- Referees reports: these should be sent separately, by your referees directly to us, by the 15 July 2019 (Email address: maria.mamabolo@ul.ac.za).

Shortlisted candidates will be notified after the receipt of all documents listed above.

We are looking forward to meeting you, should you be shortlisted.

Dr SE Nkoana
Coordinator: Masters Clinical Psychology Training Programme
Prospective candidates are invited to apply for admission to the above programme.

Completed **pre-application screening forms** should be hand delivered or sent via post to the following address, and must reach the Department by 15 July 2019:

Dr SE Nkoana (Masters Clinical Psychology Coordinator)
University of Limpopo
Department of Psychology
Private Bag X1106
0727, Sovenga

Tel: (015) 268 3505

Email: maria.mamabolo@ul.ac.za

E-mailed applications will not be accepted. Referees’ reports, however, must be sent via the email address provided above. Late applications will not be considered. Short-listed candidates will be notified about the dates of the selection interviews through the contact details provided in the returned **pre-application screening forms**. Applications without all the required documents, including a passport photo will not be considered.

Website: [www.ul.ac.za](http://www.ul.ac.za)
DEPARTMENT OF PSYCHOLOGY
SCHOOL OF SOCIAL SCIENCES
FACULTY OF HUMANITIES

STRICTLY CONFIDENTIAL

PRE-APPLICATION SCREENING

2020
PLEASE COMPLETE THE PRE-APPLICATION SCREENING FORM IN FULL

1. PERSONAL INFORMATION

SURNAME: ........................................... TITLE: .........................

FIRST NAMES: .................................................................

AGE: ....... years. GENDER: ....... DATE OF BIRTH.......................

STUDENT NUMBER (only applicable to UL students): ....................

MARITAL STATUS: .............................................................

TELEPHONE NUMBER: (H) ............... (W): .........................

E-MAIL ADDRESS: .............................................................

RESIDENTIAL ADDRESS: ................................................................
........................................................................................................

POSTAL ADDRESS: ........................................................................
........................................................................................................
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2. ACADEMIC RECORD (Attach certified copies of results/symbols)

2.1 MATRICULATION: YEAR............................................................

SCHOOL.................................................................

SUBJECTS AND SYMBOLS:

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<tr>
<th>SUBJECT</th>
<th>SYMBOL</th>
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2.2 UNIVERSITY QUALIFICATIONS
(Attach certified copies and academic record)

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<thead>
<tr>
<th>DEG/DIPLOMA</th>
<th>INSTITUTION</th>
<th>YEAR OF REGISTRATION</th>
<th>YEAR OBTAINED</th>
</tr>
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2.3 If you are presently enrolled for Honours, please mention the university concerned and expected date of completion

2.4 OTHER QUALIFICATIONS:

3. OTHER PROFESSIONAL OR APPROPRIATE EXPERIENCE:
(Mention any other relevant experience in psychology and/or membership of association in this discipline, or experience which you consider to have been meaningful in the formation of your character).

4. SCHOLARSHIPS OR BURSARIES RECEIVED:

5. LANGUAGE ABILITY:

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th>POOR</th>
<th>GOOD</th>
<th>VERY GOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
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<tr>
<td>Speak</td>
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<td>Read</td>
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<td>Write</td>
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<td>N. SOTHO</td>
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<td>Speak</td>
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<tr>
<td>Read</td>
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</table>
## 6. STATE OF HEALTH:

### 6.1 PHYSICAL WELL-BEING:

Describe your present state of health and mention any physical factors that may be relevant in the evaluation of your application.

........................................................................................................................................

........................................................................................................................................
6.2 MENTAL HEALTH:
Describe your present state of mental health. Mention any factors with regard to treatment, or medication that may be relevant to the evaluation of your application.


7. APPLICATIONS MADE TO UNIVERSITIES:
7.1 If you have applied to any other university this year, mention this as well and the categories of applications.


7.2 Have you ever submitted an application to this university? If so, for which course and which year?


REFERENCES:

Please select two referees who are able to submit comments about your suitability as a candidate for the course. Each referee must complete a form and return it to the Department of Psychology. Please ensure that your referees are willing to furnish the required information and that their reference forms reach the department. NB. No lecturer in the Department of Psychology at the University of Limpopo or any family member or friend can be selected as a referee.

1.1 Title, Initials & Surname: .................................................................
   Capacity: ..............................................................................
   Address: ..............................................................................
   ............................................................................................
   Postal Code: ............... Tel No: ...................
   E-Mail: ...................... Fax No: .....................

1.2 Title, Initials & Surname: .................................................................
   Capacity: ..............................................................................
   Address: ..............................................................................
   ............................................................................................
   Postal Code: ............... Tel No: ...................
   E-Mail: ...................... Fax No: .....................

1.3 I hereby declare that the information provided in the pre-application screening form is correct, and that no information has been purposely withheld.


SIGNATURE

DATE
DEPARTMENT OF PSYCHOLOGY
SCHOOL OF SOCIAL SCIENCES
FACULTY OF HUMANITIES

REFEREE REPORT: MA (CLINICAL PSYCHOLOGY) TRAINING COURSE 2020

Name of candidate………………………………………………………………………………………………………

The above-mentioned candidate nominated you as a referee in an application for admission to a master’s degree in clinical psychology.

Kindly respond to the following questions and send the report, at your earliest convenience, to the following email address on or before the 15 July 2019: maria.mamabolo@ul.ac.za

1. In what capacity have you known the applicant and for how long?
   ………………………………………………………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………………………………………………………
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2. In your opinion, how suitable is the candidate for this type of training?
   ………………………………………………………………………………………………………………………………………………………………………
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3. What do you consider to be the candidate’s strongest qualities?
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   ………………………………………………………………………………………………………………………………………………………………………
   ………………………………………………………………………………………………………………………………………………………………………
4. What do you consider to be the candidate's major limitations?


Please rate the candidate on the following items as indicated in the table hereunder:

<table>
<thead>
<tr>
<th>Item</th>
<th>Below Average</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
<th>Unable to judge</th>
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<tbody>
<tr>
<td>Intellectual ability</td>
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<td>Research ability</td>
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<td>Writing skills</td>
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<tr>
<td>Motivation</td>
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<td>Resourcefulness and initiative</td>
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<td>Perseverance</td>
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<td>Adapting to new situations</td>
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<td>Personal maturity</td>
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<tr>
<td>Co-operativeness</td>
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<td>Openness to new ideas</td>
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<td>Openness to critical feedback</td>
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<td>Insight into own personality</td>
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<td>Empathy</td>
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<tr>
<td>Interpersonal skills</td>
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</table>

19. What reservation might you have about the candidate training to become a clinical psychologist?


20. Please provide any additional information that would help evaluate the candidate.


Name of referee 1: ............................................  Title: .................

Position/Profession: ..............................................................................................

Address .................................................................................................................
..............................................................................................................................
..............................................................................................................................
..............................................................................................................................

Tel. Number: ...........................................................................................................
e-mail: ....................................................................................................................

Name of referee 2: ............................................  Title: ......................

Position/Profession: ..............................................................................................

Address .................................................................................................................
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Tel. Number: ...........................................................................................................
e-mail: ....................................................................................................................

Signature     Date

Thank you for your co-operation.