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| BIOGRAPHICAL FORM  **FOR OFFICIAL USE ONLY**  PERSONNEL NUMBER  **Please tick**  Post Doctorate Research Fellow Research Associate Professional Associate | | | | | | | |
| **Surname** |  | | | **Initials** | | |  |
| **Full name(s)** |  | | | | | | |
| **Title** |  | | |  | |  | |
| **Previous Surname** |  | | | | | | |
| **Date of birth** |  | | | **Gender** | |  | |
| **Appointment details** | | | | | | | |
| **Appointment Start date** | |  | | **Appointment End date** | | |  |
| **Department/Faculty/Unit** | | Institute for Coastal and marine Research (CMR) | | | | | |
| **Name of Host/Mentor** *(Postdoc and Research Fellows)*  **OR**  **Name of Proposer** *(Research/Professional Associates)* | | Dr Bernadette Snow | | | | | |
| **Citizenship/Resident status** | | **South African Citizen** | | |  | | |
| **Race/ethnic group *(required for statistical purposes)*** | | |  | | |
| **Permanent Resident Status** | | |  | | |
| **Foreign National (if yes, please indicate citizenship)** | | |  | | |
| **ID Number (SA Citizens)**  ***(Please attach a copy of ID where applicable)*** | |  | | | | | |
| **Passport details**  ***Please attach certified copy of passport*** | | | | | | | |
| **Passport number** |  | | | **Country of issue** | | |  |
| **Issue date** |  | | | **Expiry date** | | |  |
| **Work permit details (if applicable)**  ***Please attach certified copy of work permit*** | | | | | | | |
| **Permit number** |  | | | | | | |
| **Start date** |  | | | **End date** | |  | |
|  |  | | | | | | |
| **Qualifications**  *(Kindly indicate highest doctoral qualifications obtained and submit certified copies)* | | | | | | | |
| **QUALIFICATIONS OBTAINED** | | | **DATE OBTAINED**  **(i.e. dd-mm-yyyy)** | | | **INSTITUTION** | |
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| **Major field of study/discipline** |  | | | **Major area of specialisation/research focus area** | |  | |
| **Contact details** | | | | | | | |
| **Current physical address (Compulsory)** | | |  | | | | |
|  | | | | |
|  | | | | |
| **Current postal address** | | |  | | | | |
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|  | | | | |
| **Communication details** | | | | | | | |
| **Cell/mobile number (CT)** | |  | | | | | |
| **E-mail address (ET)** | |  | | | | | |
| **Fax number (FT)** | |  | | | | | |
| **Other (OT)** | |  | | | **Home telephone (HT)** | |  |
| **Work telephone (WT)** | |  | | | **Web site address (ST)** | |  |
| **Declaration: I declare that the information furnished in this form is true and correct.**  \_  **Date Signature** | | | | | | | |

**FOR OFFICIAL USE ONLY**

**Postdoc/Research Fellow Funding source code**

**Funding source**

**CESM CATEGORY**

**Comments**