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| A close up of a sign  Description automatically generated | Protocol Development Online Course 24 August – 23 October 2020Application Form | | | | |
| **YOUR DETAILS** | | | | | |
| Title: | | First Name: | | Surname: | |
| Full Postal Address: | | |  | | |
|  | | |
|  | | |
| E-mail: | | |  | | |
| Telephone  (incl. country code) | | | (work) | | (cell) |
| **Please tick the checklist below which is relevant to your application**   |  |  | | --- | --- | |  | I have identified a topic for my systematic review | |  | I have registered a title for my systematic review with:   |  |  |  |  | | --- | --- | --- | --- | | Cochrane |  | PROSPERO |  | | |  | I am resident in a sub-Saharan African country | |  | I am a researcher based at a South African historically disadvantaged institution  Name of institution: | |  | I am able to participate in all the sessions | | | | | | |
| **If applicable please provide the link or attach any other proof of your systematic review title registration** | | | | | |
| **Have you conducted a systematic review before? (If yes, please provide details)** | | | | | |

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

**Please submit the completed application form by 7 August 2020 to** [**cochranesa@mrc.ac.za**](mailto:cochranesa@mrc.ac.za)