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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**

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|  | I have identified a topic for my systematic review |
|  | I have registered a title for my systematic review with:

|  |  |  |  |
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| Cochrane |  | PROSPERO |  |

 |
|  | I am resident in a sub-Saharan African country  |
|  | I am a researcher based at a South African historically disadvantaged institutionName 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**