**DSI- HSRC INTERNSHIP PROGRAMME**

**October 2021- September 2023**

**MENTOR INTERN REQUEST FORM**

**Please provide the information as requested below**

**Submit this to your institutions designated Host Institution Administrator(s).**

Your Host Institution Administrator is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Interested in participating in the DSI-HSRC Internship Programme | | Yes | No |
| Department/Institution/Company Name |  | | |
| Directorate/School/Faculty/ |  | | |
| Your location - Regional Office(s): (e.g. Gauteng, Western Cape) |  | | |

\*kindly specify names of relevant offices above in the event that your host institution has regional offices e.g. HSRC: Pretoria, HSRC: Durban etc.

**1. Mentor Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title (Mark with an X where appropriate) | | Prof | Dr | Mr | Mrs | Ms |
| Surname & Name/s |  | | | | | |
| Position/Designation |  | | | | | |
| Tel |  | | | | | |
| Cell |  | | | | | |
| E-mail |  | | | | | |

**2. Profile of Requested Interns**

|  |  |  |
| --- | --- | --- |
| Area of Specialization (Discipline)  (e.g. Immunology, Chemistry, Chemical Eng.) | Number required | Qualification Level  (e,g. B degree, Hons / B Tech / B Eng, Masters / M Tech) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |