

**APPLICATION FOR THE WRITING WORKSHOP**

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|  **DATE:** | **TITLE:**  |

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| **NAME** | **SURNAME:** | **ID NUMBER :**  |
| **TELEPHONE NUMBER: (W)** | **CELL:** |
| **EMAIL ADDRESS:** |
| **INSTITUTION:** | **DEPARTMENT:** | **EMPLOYMENT STATUS:** |

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| **PLEASE ANSWER THE FOLLOWING QUESTIONS:** |
|  **PAPER TITLE** |  |
| **DRAFT PAPER TO BE ATTACHED TO THE APPLICATION FORM . PLEASE INDICATE THAT YOUR DRAFT PAPER IS ATTACHED**  |  |
| **PLEASE INDICATE IF YOU ARE THE SOLE AUTHOR OF THIS PAPER. IF NOT PLEASE PROVIDE NAMES OF THE CO-AUTHORS** |  |
| **PLEASE ADVICE IF YOU HAVE PREVIOUSLY HAD PAPERS PUBLISHED IN A JOURNAL . IF YOU HAVE PUBLISHED PLEASE PROVIDE A CITIATION OF EACH PAPER THAT HAS BEEN PUBLISH** |  |

**PLEASE INDICATE WHICH WORKSHOP WOULD YOU ATTEND IF YOU ARE SELECTED**:

|  |  |  |
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| **DATE** | **PROVINCE** | **MARK WITH A X** |
| JUNE 25TH – 27TH, 2018 | JHB - VENUE TO BE CONFIRMED  |  |
| SEPTEMBER 12TH – 14TH, 2018 | DBN - VENUE TO BE CONFIRMED |  |
| OCTOBER 01ST – 2ND, 2018 | JHB - VENUE TO BE CONFIRMED |  |