



FACULTY OF HEALTH SCIENCES

DEPARTMENT OF PSYCHIATRY AND MENTAL HEALTH

Master's, Doctoral, Postdoctoral and Clinical Research Fellowships

The Brain Behaviour Unit (BBU) invites applications for Master's, Doctoral, Postdoctoral and Clinical Research Fellowships in the areas of psychiatric neurogenetics, neuroimaging, and neuro-development.

The successful candidate(s) will join The Brain Behaviour Unit (BBU). The BBU is nested within UCT's Dept of Psychiatry & Mental Health and the Neuroscience Institute. The BBU focuses on psychiatric neuroscience including psychiatric neurogenetics, psychiatric neuroimaging and translational neuroscience relevant to mental disorders. Ongoing projects in the BBU include Enhancing Neuroimaging Genetics Through Meta-Analysis (ENIGMA) (see <http://enigma.ini.usc.edu/>), Neuropsychiatric Genetics in African Populations (Neuro-GAP) (see <https://www.researchgate.net/publication/283236683>) and the Drakenstein Child Health Study (see <http://www.paediatrics.uct.ac.za/scah/dclhs>).

Preference will be given to applicants whose research interests are aligned with the above mentioned areas within psychiatric neuroscience.

The following conditions apply:

- Fellowships are awarded for one year. Applications for renewal for one further year will be considered.
- The fellowship must be taken up as soon as possible.
- There are no fringe benefits, thus, the successful candidate is responsible for his or her own medical aid and insurance arrangements. Tax-free status will be arranged with the South African Revenue Services.

To apply, please e-mail the below documents in a single PDF file to Ms Nadia Hoffman at nadia.hoffman@uct.ac.za.

- Application form – attached below
- Curriculum Vitae

The University of Cape Town reserves the right to: disqualify ineligible, incomplete and/or inappropriate applications; change the conditions of award or to make no awards at all.

DEPARTMENT OF PSYCHIATRY MASTER'S, DOCTORAL AND POSTDOCTORAL FELLOWSHIP APPLICATION

PSYCHIATRIC NEUROGENETICS (TICK)

PSYCHIATRIC NEURO-IMAGING (TICK)

NEURO-DEVELOPMENT (TICK)

OTHER RESEARCH AREA (PROVIDE BRIEF DESCRIPTION)

Where applicable mark with **X**
Incomplete applications will not be considered.

PARTICULARS OF APPLICANT

Surname								Title					
First names								Male				Female	
Place of birth				Date of birth		y	y	y	y	m	m	d	d
Identity number													
African*		Coloured*		Indian*		White*		other* (please specify)					
Citizenship													
Telephone number & code						Fax (if applicable)							
E-mail address													
Home address including postal code						Postal address including postal code							
Degree for which you are currently registered if applicable										Year & month degree obtained/to be obtained			

QUALIFICATIONS OBTAINED		
Degree/Qualification	Institution	Year
Title of project for Master's/Doctoral degree		

RESEARCH OUTPUTS

Please provide the names and contact details (e-mail and telephone number) of three referees.			
DECLARATION BY APPLICANT			
I certify that the information supplied in this application is correct and true			
Signature of applicant		Date	