

**ESSENTIAL DRUGS PROGRAMME
COMMITTEE APPLICATION FORM**

Which Committee are you interested in applying for:

Adult Hospital Level Expert Review Committee

Tertiary and Quaternary Level Expert Review Committee

Both

A: Demographics

Title		Initials:	
Surname:		First names:	
ID No:			
Are you a South African citizen or permanent resident			
Race		Gender	
CONTACT DETAILS			
Work address			
Telephone number (W)			
Cellphone number			
Email address			

Professional details:

Profession			
Qualifications	Qualification	Institution obtained	Year Qualification Completed

	Area of Expertise	Tick Applicable	Number of Years of Experience	Indicate primary area of expertise
Expertise	Anaesthesiology			
	Cardiology			
	Clinical Epidemiology			
	Clinical Pharmacy			
	Dermatology			
	Dietetics			
	Emergency Medicine			
	Endocrinology			
	Family Medicine			
	Gastroenterology			
	General Surgery			
	Geriatric Medicine			
	Gynaecology			
	Haematology			
	Health Economist			
	Health Technology Assessment Development			
	Immunology			
	Infection Control			
	Infectious Diseases			
	Intensive Care			
	Internal Medicine			
	Information Systems			
	Microbiology			
	Nutrition			
	Neurology			
	Obstetrics			
	Oncology			
	Ophthalmology			
	Orthopaedics			
	Paediatrics			
	Pharmacology			
	Pharmacokinetics			
	Pharmacovigilance			
	Psychiatry			
Public Health				
Pulmonology				
Rheumatology				
Toxicologist				
Veterinary or Animal Health				
Other (Specify):				

Professional registration details	Statutory body	Registration details/ number	Professional Board
	HPCSA		
	SAPC		
	SANC		
	SAVC		
	Other (Specify)		
Professional society affiliation(s)			

Sector of employment (May tick more than one)	Public	Private	NGO/ NPO	Academia	Other (specify)
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Province where primary work performed	EC	FS	GP	KZN	LP	MP	NC	NW	WC	National	
Type of Organisation / Institution (May tick more than one)	Hospital										
	Primary Health Care										
	Academic Institution										
	Department of Health										
	Medical Scheme										
	NGO/NPO										
	Laboratory/ Microbiology										
	Private Practice										
	Pharmaceutical Industry										
Other (specify)											
Name(s) of primary organisation(s)/ institution(s) where employed/practising											
Current position(s) in the primary organisation(s)/ institution(s) listed above											
Nature of work	Clinical										
	Management Research										
	Education and training										
	Other (specify)										

Knowledge, skills and expertise

Area	Select options (May tick more than one)	Specify knowledge, skills and expertise in this area (May tick more than one)			
Evidence Based Medicine		Critical appraisal		Health Technology Assessment	
		Systematic review		Biostatistics	
		Meta-analysis		Epidemiology	
		Literature search		Other (specify)	
Rational Medicine Use		Medicine use evaluations			
		Education and training			
		Development of rational medicine use tools			
		Implementation of rational medicine use tools			
		Research			
		Other (specify)			
Public Health		Population health surveillance and audit			
		Public Health Policy			
		Health resource management			
		Health promotion			
		Research			
		Other (specify)			
Economics (Health and Pharmacoeconomics)		Budget impact analysis			
		Cost minimisation			
		Cost effectiveness			
		Cost benefit			
		Cost utility			
		Research			
		Other (specify)			
Medicine Safety		Pharmacoepidemiology			
		Pharmacovigilance			
		Pharmacology			
		Other (specify)			
Clinical Trials Experience		Reviewer			
		Principle investigator			
		Data analysis			
		Other (specify)			

Pharmaceutical and Therapeutics Committee		Select option (may tick more than 1 if applicable)		From		To	
				YY	MM	YY	MM
		Provincial					
		District					
		Institutional					
Peer-Reviewed publications		(Provide details - Appendix 3)					
Clinical Practice Guideline Development		(Provide details - Appendix 2)					

Committee obligations

Members of the National Essential Medicines List Committee and the Ministerial Advisory Committee on Antimicrobial Resistance will be required to attend one full day meeting each quarter. Members of the Expert Review Committees will be required to attend one full day meeting per month. Time for work on designated chapters, medicine reviews, and meeting preparation will be required. The review process is assisted by an online web-based tool, necessitating online access.

Availability	
Are you prepared to attend full day meetings?	
Are you prepared to do preparatory work outside of meeting times?	

References

Please provide 2 references:

	Title	Name	Position	Institution/organisation	Telephone number	Cellphone number	Email address
1							
2			-		-		

**Appendix 2
CLINICAL PRACTICE GUIDELINE**

Guideline Name	Date	Type of Guideline

**Appendix 3
PEER-REVIEWED PUBLICATIONS**

Peer-reviewed publications			
Authors	Journal	Publication title	Year (YYYY)

Authors	Journal	Publication title	Year (YYYY)

Please read the Declaration of Interest Guidance Document.
I confirm I have read and understood the Declaration of Interest Guidance Document

Declaration:

I _____ declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified or my membership terminated after appointment to a Committee.

Signature:

Date:

How to apply:

1. Complete the Electronic Application Form,
2. Once the form is electronically completed, go to 'File' and then "Save As".
(Do not use the 'Sign and Save' or 'Fill and Sign/Save' function on the form)
3. Print and sign a copy of:

The Electronic Application Form.

The Declaration of Interest document.

Email the following documents to: SAEDP@health.gov.za by **17 June 2016**.

The Electronic Application Form.

The printed and signed Application Form.

The printed and signed Declaration of Interest document.

***Acronym list:**

- HPCSA - Health Professions Council of South Africa
- SAPC - South African Pharmacy Council
- SANC - South African Nursing Council
- SAVC - South African Veterinary Council