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| **FACULTY OF Health sciences POSTDOCTORAL FELLOWSHIP APPLICATION**  **submission deadline: 29 November 2015; INTERVIEW DATE: 9 December 2015** |

Give concise answers. Where applicable mark with **X**

Incomplete applications will not be considered.

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| **A** | **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 | | | | | | | | | | | | | | |
| Name of institution at which you will obtain or have obtained your doctoral or equivalent degree | | | | | | | | |  | | | | | | | | | | | | | | | |
| Department | | |  | | | | | | | | | | Faculty | | |  | | | | | | | | |
| Degree for which you are currently registered e.g. PhD (if applicable) | | | | | | | | | | |  | | | | | Year & month degree obtained/to be obtained | | | | | |  | | |

* In order to enable the University to monitor redress

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| **B** | **QUALIFICATIONS OBTAINED** | |
| Supervisor of research for doctoral degree | Name |  |
| Position |  |
| Department |  |
| Title of project for doctoral degree | | |
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| **C**   **DEGREES OBTAINED** (A full certified academic record must be attached as **ANNEXURE 2**) | | | | | |
| Degree | First registration  (monthly/year) | Degree obtained (monthly/year) | Full-time/ Part-time | University/Institution | Degree with distinction (yes/no) |
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| **D** | | **EXPERIENCE TO DATE** | |
| Name of employer/institution | Capacity and/or type of work | | Period |
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| **E RESEARCH OUTPUTS**  Please supply your publication list. Full references (i.e. authors, title, year, name of journal/publisher, volume and page numbers) must be given. |
| -ISI-accredited journals  -Other journals  -Conference Proceedings |

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| **F** | | | **DETAILS OF RESEARCH** | | | | |
| Short descriptive title of research project for this application | | | | | | | |
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| **Proposed Research**  Describe the research questions, rationale, collaborators, and the anticipated major achievements and impact of the research.  **Please attach details of research in ANNEXURE 1 – maximum 2 pages** | | | | | | | |
| Duration of project | from (month/year) | | |  | to (month/year) | |  |
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| **G** | **DETAILS OF OTHER POSTDOCTORAL FELLOWSHIP FUNDING** | | | |
| Please indicate any current postdoctoral funding for research at UCT and any funding applied for. | | | | |
| *Funding source* | | *Amount per annum* | *Year(s)* | *Status*  (submitted / awarded) |
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| **H DOCUMENTATION TO BE SUBMITTED DIRECTLY TO :** [**rehana.effendi@uct.ac.za**](mailto:rehana.effendi@uct.ac.za) **by 29 November 2015** | | | | | |
| Confidential letter of recommendation from PhD supervisor or current supervisor/host of postdoctoral research | | | | |  |
| Confidential letter of recommendation from one other referee | | | | |  |
| **Please provide the names (i.e. title, initials, surname), full postal as well as e-mail addresses,**  **of two referees (see above) who will be sending letters to the Research Office.** | | | | | |
| 1.  2.  3. | | | | | |
| **I** | **DECLARATION BY APPLICANT** | | | | |
| I certify that the information supplied in this application is correct and true. | | | | | |
| Signature of applicant | |  | Date |  | |