



## POSTDOCTORAL FELLOWSHIPS IN SCIENCE, ENGINEERING AND MEDICAL SCIENCES

### CLAUDE LEON FOUNDATION

The Trustees of the *Claude Leon Foundation* have established Postdoctoral Fellowships in Science, Engineering and Medical Sciences at South African universities.

The Fellowships will be available from January 2015 for two years and are valued at R235 000.00 per annum.

In the second year of the Fellowship, on application, the Fellow may be granted R25 000.00 for presenting at an international conference. It is understood that, subject to formal application by the host university to the South African Revenue Services, the Fellowship should be exempt from South African tax although the Foundation can give no guarantee.

Please note that once completed the application form should not be sent directly to the Foundation but submitted by the university/institute where the applicant wishes to be based.

For general details, Fellowship Guidelines  
see <http://www.leonfoundation.co.za/postdoctoral.htm>

Application form attached below

### For further information please contact

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Postgraduate Funding Office

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Email: [Sandra.Dewberry@uct.ac.za](mailto:Sandra.Dewberry@uct.ac.za)

**Stacey Moses**

Postgraduate Centre and Funding Office

Tel 021 650 5065

Email: [Stacey.Moses@uct.ac.za](mailto:Stacey.Moses@uct.ac.za)

### APPLICATIONS MUST BE RETURNED TO:

STACEY MOSES – POSTGRADUATE FUNDING OFFICE, LEVEL 3, UPPER CAMPUS, OTTO BEIT BUILDING

**APPLICATION DEADLINE FOR 2014 FELLOWSHIPS: 15 MAY 2014**

Updated February 2014

**CLAUDE LEON FOUNDATION  
POSTDOCTORAL FELLOWSHIPS IN SCIENCE, ENGINEERING OR  
MEDICAL SCIENCE**

***SOME POINTS TO REMEMBER***

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1. UNIVERSITIES AND INSTITUTIONS PLEASE NOTE THAT INCOMPLETE OR UNSIGNED APPLICATION FORMS WILL NOT BE ACCEPTED.

**THE COMPLETED FORM MUST BE FORWARDED TO THE FOUNDATION BY THE UNIVERSITY OR INSTITUTION WHERE THE APPLICANT HOPES TO DO THE POSTDOCTORAL FELLOWSHIP AND NOT BY THE APPLICANT THEMSELVES AS ALL FORMS HAVE TO BE SIGNED BY THE UNIVERSITY OR INSTITUTIONAL AUTHORITIES.**

2. Each institution has its own internal closing date for applications. Please ensure that your form is forwarded to the Foundation by our final closing date. This date is published on the website. ***It is the responsibility of the candidate to check that the Foundation has received their application form after the closing date.***
3. Current Claude Leon Postdoctoral Fellowship Guidelines are to be found on:  
<http://www.leonfoundation.co.za/postdoctoral-guidelines.htm>
4. **DO NOT** include your *Curriculum Vitae* as it will not be forwarded to the reviewers.

*The Selection Committee which will make recommendations to the Trustees of the Claude Leon Foundation will include representatives of the Royal Society of South Africa. The results will be available in October each year.*

**No discussions will be entered into after the awards are made.**

# CLAUDE LEON FOUNDATION

*The Selection Committee which will make recommendations to the Trustees of the Claude Leon Foundation will include representatives from The Royal Society of South Africa*

## APPLICATION FOR A POSTDOCTORAL FELLOWSHIP IN SCIENCE, ENGINEERING OR MEDICAL SCIENCE

**2015**

Complete in typescript only (or in block letters using a black pen) and give **concise answers**. Where applicable mark with X or circle. Do not exceed the space provided. **INCOMPLETE OR UNSIGNED APPLICATION FORMS WILL NOT BE ACCEPTED. THE COMPLETED FORM MUST BE FORWARDED TO THE FOUNDATION BY THE UNIVERSITY OR INSTITUTION WHERE THE APPLICANT HOPES TO DO THE POSTDOCTORAL FELLOWSHIP, NOT BY THE APPLICANT**

A. PARTICULARS OF APPLICANT		
Surname:		
Maiden name:	Title:	
First names:	Male / Female:	
Home address and postal code:		
Address to which the result of this application is to be sent, if different:		
Place of birth:	Date of birth (YYMMDD):	
Identity number (RSA) / Passport Number:		
The Fellowships are awarded with a preference to those currently under-represented in research in South Africa. If this applies to you, kindly indicate in what manner this is so:		
Citizenship:	Marital status:	Home language:
Telephone no. & code:	Fax (if applicable):	<b><u>Email Address:</u></b>
Name of institution at which you obtained your doctoral or equivalent degree:		
Department:	Faculty:	
<b><u>HAVE YOU COMPLETED YOUR PhD?</u></b> YES / NO If not, please confirm submission date:	Year PhD obtained /to be obtained:	
Research field to be covered by this application:		

## B. DETAILS OF UNIVERSITY/INSTITUTE WHERE POSTDOCTORAL RESEARCH IS TO BE UNDERTAKEN

### UNIVERSITY/INSTITUTE

Department:

Faculty:

Duration of project: from: (month/year)

to: (month/year)

### Supervisor with whom you wish to work

Name:

Position:

Department:

University/institution:

Postal address:

Phone and fax numbers:

**Email address:**

Please attach copies of appropriate documents to show that you have already been formally accepted in principle by the above university/institution as a Postdoctoral Fellow in the department concerned.

If not, please clarify the position:

Please justify your choice of university/institution and host in the space provided below and indicate how you came to know about this institution and host.

Applicants who wish to remain in the same department where they completed their PhD should explain this choice. **If this is the case, an accompanying motivation from the prospective supervisor is also required.**

**C. DETAILS OF RESEARCH FOR WHICH YOU WISH TO RECEIVE A CLAUDE LEON FOUNDATION FELLOWSHIP**

**SHORT** descriptive title (**one sentence please**) of research project:

**PROPOSED RESEARCH APPROACH:** provide a brief, clear description of the aims, background and proposed programme of work. *An additional page may be used.*

**PROJECT SUMMARY:** The Foundation expects applicants to explain even very technical matters in language that allows the layman to understand what the applicant wishes to do and why and how he/she wishes to do it. The project summary should include context, objectives, significance and method.

**D. QUALIFICATIONS OBTAINED (full academic record must be attached)**

Degree (type, subject, class)	First registration (month/year)	Degree obtained (month/year)	Full-time / Part-time	University/Institution

**Title of project for doctoral degree:**

**Supervisor of research for doctoral degree:**

Name:	
Position:	
Department:	
University/institution:	
Postal address:	
Phone and fax numbers:	
<b>Email address:</b>	

**E. PRESTIGE AWARDS RECEIVED**

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**F. EXPERIENCE TO DATE (including your current employment)**

Name of employer/institution	Capacity and/or type of work	Period

**G. RESEARCH OUTPUTS**

Please supply a **publication list**. Full references (i.e. authors, title, year, and name of journal/publisher, volume and page numbers) must be given. Conference proceedings, technical reports, patents, etc, should also be reported. An additional page may be used.

**PLEASE DO NOT SEND FULL COPIES OF ALL YOUR PUBLICATIONS.** We will request these should we wish to see them.

**H. REFEREES:** Please provide the names (i.e. title, initials and surname), full postal as well as telephone, fax and Email addresses of two referees, one of whom should be your current supervisor and one your PhD supervisor, if different.

Name:	
<b>Email address:</b>	
Contact address:	
Phone number:	
Fax number:	

Name:	
<b>Email address:</b>	
Contact address:	
Phone number:	
Fax number:	

### I. FINANCIAL DETAILS

1. Is the proposed host institution providing any financial support for your postdoctoral research? **(YES/NO)**

Amount	Awarded from (month/year)	to (month/year)

2. Does any financial support that you received for your previous studies bind you to a service contract? **(YES/NO)**

3. Translocation cost requested **if you are applying from outside of South Africa** - economy class airfare only. Please give a quotation of the cost of a return flight at the time of application.

### J. DECLARATION BY APPLICANT

*I certify that the information supplied in this application is correct and that, if I am awarded a Fellowship, I will abide by the Guidelines, Terms and Conditions applicable to Claude Leon Foundation Postdoctoral Fellowships.*

Signature of applicant:	Date:
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Signature of witness:	Date:
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Full name, address and occupation of witness:

Name:	
<b>Email address:</b>	
Contact address:	
Phone number:	
Fax number:	
Occupation	



**K. INFORMATION TO BE PROVIDED BY THE HOST OF THE PROPOSED PROJECT**

Please state why you consider your department to be a leading and appropriate centre for the research proposed in this application. Explain how the applicant and this study in particular will contribute to your research. **If the candidate is to continue in your department, please supply a full motivation. (see Section B on page 3).**

Full Name:

Signature:

Date:

**L. CONFIRMATION BY HEAD OF DEPARTMENT OF THE HOST UNIVERSITY/INSTITUTE WHERE THIS RESEARCH IS TO BE UNDERTAKEN**

Full Name:

Signature:

Department:

Date:

**M. DECLARATION AND CONFIRMATION BY APPROPRIATE UNIVERSITY\*/INSTITUTIONAL AUTHORITY IN SOUTH AFRICA**

1. I certify the correctness of the full academic record attached to this application. In the case of foreign candidates, the academic record has been equated to South African norms.
2. This application is recommended for support.

Full Name:

Signature:

Designated authority:

Date:

**N. DECLARATION AND CONFIRMATION THAT THE UNIVERSITY/INSTITUTE TAKES FULL RESPONSIBILITY FOR THE ALLOCATION OF ANY FUNDS AWARDED**

Name (please print):

Signature:

VC/Registrar/Institute's designated authority\*:

Date:

\* Director of Research or Postgraduate Studies/Institute's Finance Manager