**Faculty of Health Sciences**



**POSTDOCTORAL RESEARCH FELLOWSHIPS**

**Submission date: 12 November 2015**

**ZAR 210,000 for 2016**

The University of Cape Town’s Faculty of Health Sciences (FHS) invites applications for Postdoctoral Research Fellowships in the following areas:

* Cardiac research
* Cancer research
* Hepatobiliary research
* Open category: any research area in the Faculty of Health Sciences

Applicants should not be registered for study towards any degree at the time of assuming the fellowship. Preference will be given to applicants whose research interests are aligned with the Faculty’s strategic research objectives: refer to the faculty research strategy document for more information: <http://www.health.uct.ac.za/research/downloads/>. Strong emphasis will be placed on the merit of the applicant and the quality of the research proposal. Applications for projects hosted in under-resourced research groupings, as well as for clinical and translational research, are encouraged.

Applicants should submit a research proposal developed with a suitable scientific host. For information on the Faculty of Health Sciences and its research activities, see <http://www.health.uct.ac.za/>.

The following conditions apply:

* Applicants able to provide proof that their PhD thesis has been examined and approved by the submission date of 12 November 2015 are eligible.
* Applicants who were awarded the PhD degree no earlier than December 2011 and who are not yet in academic or research posts are eligible.
* Successful candidates will be expected to undertake the proposed research as well as optional but limited teaching duties as part of professional development; however
* Successful candidates will not be expected to perform any service to the host department in return for the Fellowship.
* Fellowships are awarded for one year. Applications for renewal for one further year will be considered, but only in competition with new applications.
* The Fellowship may not be held concurrently with any other formal fellowship from a national or international funding body or from the University Research Committee (URC). Holders of such fellowships that are renewable for 2016 are ineligible for the FHS Fellowship.
* The Fellowship must be taken up by 31 March 2015.
* Fellows will be required to enter into a Memorandum of Agreement with the University of Cape Town, and a Memorandum of Understanding with their research host.
* Fellows will be required to comply with the University of Cape Town’s approved policies, procedures and practices for the postdoctoral sector.

There are no fringe benefits so that 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.

An application form is attached. Enquiries and completed applications should be addressed to Ms Esmari Taylor, research.health@uct.ac.za, tel: + 27 21 406 6734.



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| **FACULTY OF Health sciences POSTDOCTORAL FELLOWSHIP APPLICATION**  **submission deadline: 12 November 2015** | | |
| **CARDIAC research (tick)** | |  |
| **CANCER Research (Tick)** | |  |
| **HEPATOBILIARY RESEARCH (Tick)** | |  |
| **OTHER RESEARCH AREA (provide brief description)** |  | |

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 | | | | | | | |
|  | | | | | | | |
| **DEGREES OBTAINED** (A full certified academic record must be attached as  **ANNEXURE 2**) | | | | | | | |
| Degree | First registration  (month/year) | | Degree obtained  (month/year) | Full-time/  Part-time | University/Institution | | Degree with distinction  (yes/no) |
|  |  | |  |  |  | |  |
| **C** | **PRESTIGIOUS AWARD/S RECEIVED** | | | | | | |
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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 | | | | | | |
| **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) | |  |
| Research host with whom you wish to work  (For further information consult the Faculty of Health Sciences website) | | Name | | |  | |
|  | | Position | | |  | |
|  | | Department | | |  | |

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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 THE FACULTY OF HEALTH SCIENCES**  **RESEARCH OFFICE:** [**research.health@uct.ac.za**](mailto:research.health@uct.ac.za) **by 12 November 2015** | | | | | |
| Confidential evaluation by prospective supervisor of postdoctoral research:   1. Please supply a detailed statement on the applicant’s qualifications and competence (e.g. intellectual ability, research aptitude, relevant scientific background, and ability to address the requirements of the project). 2. Indicate how the project is linked to the Faculty Strategic objectives; click here for a copy of the Faculty Strategic Plan <http://www.health.uct.ac.za/research/downloads/>). 3. Show how the proposed project will assist in building research capacity, especially in under-resourced groupings; include collaborative linkages with other projects. 4. If multiple applications are being submitted under the same supervisor, please rank this one in relation to the others. | | | | |  |
| 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 three 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 |  | |