**UNIVERSITY OF CAPE TOWN**

**Research Committee**

**FACULTY OF HEALTH SCIENCES**

Anzio Road, Observatory 7925

Cape Town, South Africa



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| **HARRY CROSSLEY FELLOWSHIP APPLICATION** | | |
| **CLINICAL RESEARCH FELLOWSHIP (**mark with **X)** | |  |
| **POSTDOCTORAL FELLOWSHIP (**mark with **X)** | |  |
| **RESEARCH AREA (provide brief description)** |  | |

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| **A** | | PARTICULARS OF APPLICANT | | | | | | | | |
| Surname |  | | | | | | Title |  | | |
| First names |  | | | | | Male | |  | Female |  |
| Date of birth |  | | | | | | | | | |
| Citizenship |  | | | | | | | | | |
| Telephone number & code |  | | Fax (if applicable) | |  | | | | | |
| E-mail address | |  | | | | | | | | |
| Postal address including postal code | | | |  | | | | | | |

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| **B** | **QUALIFICATIONS** | | | | | |
| Degree | First registration  (month/year) | Degree obtained/expected  (month/year) | Full-/part-time | University/Institution | | Degree with distinction  (yes/no) |
|  |  |  |  |  | |  |
| **C** | **AWARDS and RESEARCH GRANTS RECEIVED** | | | | | |
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| **D** | **CURRENT POSITION and EXPERIENCE TO DATE** | | | | | |
| Name of employer/institution | | Capacity and/or type of work | | | Period | |
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| **E RESEARCH OUTPUT**  **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** | | | | | | |
| **Descriptive title and brief summary of research project for this application** | | | | | | |
|  | | | | | | |
| **Research Plan**  **Please attach – maximum two pages:**   1. A description of the research rationale, objectives, methods and anticipated major achievements of the research. 2. Indicate collaboration with research groupings across the Faculty 3. Describe the expected outputs form the research (eg PhD dissertation; publications) 4. Explain to what extent the research will promote translation to policy and practice | | | | | | |
| Duration of project | from (month/year) | |  | to (month/year) | |  |
| For Postdoctoral Fellowships and Clinical Research Fellowships for PhD completion, please provide details of research host/supervisor | | Name | | |  | |
| Position | | |  | |
| Department | | |  | |

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| **G** | **DETAILS OF OTHER FUNDING FOR THE PROPOSED WORK**  **- applied for and awarded** |
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| **H DOCUMENTATION TO BE ATTACHED TO THE APPLICATION FORM**  **Submit to** [**research.health@uct.ac.za**](mailto:research.health@uct.ac.za) by **30 June 2014** | | | | |
| **Clinical Research Fellowships:**   * 2-page Research Plan as described in F * One-page research budget (up to R150,000) * Full CV * Letter of support from PhD supervisor (if applicable) or Head of Department * Confirmation of ethics approval for the proposed research | | | | |
| **Postdoctoral Fellowships:**   * 2-page Research Plan as described in F * Full CV * Academic transcripts * Letter of support from research host * Letter of recommendation from supervisor of doctoral research or another academic referee | | | | |
| **J** | **DECLARATION BY APPLICANT** | | | |
| I certify that the information supplied in this application is correct and true. | | | | |
| Signature of applicant | |  | Date |  |
| Signature of witness | |  | Date |  |