Tshwane University

Directorate of Research & Innovation

of Technology **ADDENDUM B**

**POSTDOCTORAL RESEARCH FELLOWSHIP (PDRF)/ CAREER ADVANCEMENT FELLOWSHIP (CAF) APPLICATION FORM**

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| **INSTRUCTIONS ON HOW TO COMPLETE AN APPLICATION FORM FOR THE TUT FELLOWSHIP** | | | | | | | |
| 1. Applications must be submitted via the Faculty Research Office to the Directorate Research and Innovation. 2. Give concise answers and, where applicable, mark with X. 3. Include a Certified Copy of ID document/Passport. 4. Include Certified Copies of Qualifications. 5. Include a Synopsis of PhD/DTech. 6. Applicant for first time application must be preferably under 45 years old. 7. Please attach your CV with clear indication of:    * Previous research and innovation experience    * List all research/creative outputs during the past five years in terms of:      + Articles published in refereed journals.      + Peer-reviewed conference proceedings.  * Guidance to (R&I} projects of students. * List of supervision of students at master's and doctoral level. * List all other research output {for example artefacts, patents, etc.). * Contract research/projects and collaboration/co-operative research.   8. Incomplete applications will not be considered. | | | | | | | |
| **A. PARTICULARS OF APPLICANT** | | | | | | | |
| **Surname** | I **Initials** I | | | | **Maiden name** | |  |
| **First names** I | | | | | **Gender** | |  |
| **Date of birth** | **DD/MM/YY** | | **Age:** | **Race:** | **Nationality** | |  |
| **ID/Passport** I  **number** | | | | | | | |
| **Home language** | |  |  | I **Full home address** | | I |  |
| **Home telephone** | |  | | | **Cell phone**  **number** | |  |
| **Office telephone** | |  | | | **E-mail**  **address** | |  |
| **Current employer** | |  | | | **Current position** | |  |
| **Name of doctoral qualification obtained** | |  | | | **Area of specialisation of doctoral qualification** | |  |

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| 2nd year (Yes/No) | 3rd year (Yes/No) | 4th year (Yes/No) | 5th year (Yes/No) |
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| Institution where doctoral qualification was obtained | |  | | | | | Date when doctoral qualification was obtained | |  | | |  |
| Were you previously a Postdoctoral Research Fellow/ Scholar | |  | If yes, name of institution | |  | | | | | | |  |
| If previously a PDRF, indicate which year your application falls under | |  | | | | | | | | | |  |
| **B. PARTICULARS OF RESEACRH PROJECT FOR WHICH YOU WISH TO RECEIVE FUNDING** | | | | | | | | | | | |  |
| Name of Research Group (Niche Area/Platforms/,  Chair/CITSI, etc.) | |  | | | | | | | | | |  |
| (Niche Area/Platforms/, **Chair/CITSI,** etc.)Leader/Host | |  | | | | | | | | | |  |
| Faculty | |  | | | | | | | | | |  |
| Department | |  | | | | | | | | | |  |
| Current source of funding | |  | | | | | | | | | |  |
| Project Title | |  | | | | | | | | | |  |
|  | Journal articles | | | Books | | Chapters | | Conferences | | |  |  |
|  | Number Submitted (indicate whether accepted/ under review,  etc.) | Number  **Published** | |
| Oral | | Poster |
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| Short description, objectives and aim of project (300 words) | | | | | | | | | | | |  |

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| **C. DETAIL OF SUPERVISORS / CO-SUPERVISORS FOR DOCTORAL DEGREE** | | | | | | | | |
| Surname | | Initials | Title | Contact detail (including telephone and fax number as well  as e-mail address, if available) | | | | |
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| **D. DECLARATION BY APPLICANT** | | | | | | | | |
| I certify that the information supplied in this application is correct and that, if I am awarded a funding grant, I will  abide by the stipulations and conditions of the Tshwane University of Technology | | | | | | | | |
| Signature |  |  |  |  |  | I | Date | I |
| **E. MOTIVATION FROM HOST SUPERVISOR**  Describe the research activities in which the applicant will be participating in during the tenure of the fellowship. *Please indicate the capacity building benefits TUT will derive from this appointment (See Responsibilities of Postdoctoral Fellows in the Guideline* - *Addendum A)* | | | | | | | | |
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| Supervisor (Surname, Initials, title) |  | | | | Department |  | | |
| Signature |  | | | | Date |  | | |

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| **F. RECOMMENDATION BY HEAD OF DEPARTMENT (HoD)** | | | |
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| HoD  (Surname, Initials, title) |  | Department |  |
| Signature |  | Date |  |
| FCRI  Chairperson (Surname, Initials, Title) |  | Faculty |  |
| Signature |  | Date |  |