

**Rhodes University**

**Application Form**

**RU Postdoctoral Fellowship**

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| 1. **PARTICULARS OF APPLICANT’S DETAILS** | | | | | | | | | | | | |
| Title: | | | Surname: | | | | | | | | | |
| First Names: | | | | | | | | | | | | |
| Home Address:  Postal Address: | | | | | | | | | | | | |
| Place of birth: | | Date of birth (YYMMDD):  / / | | | | | | | | Identity number/Passport number: | | |
| Citizenship: | | | | | | | | | | First language: | | |
| Telephone Number: | | Fax: | | | | | | | | E-mail: | | |
| University at which you obtained your doctorate: | | | | | | | | | | | | |
| Month and Year that you obtained your doctorate: | | | | | | | | | | | | |
| Department: | | | | | | Faculty: | | | | | | |
| **SUBMISSION OF DOCTORAL THESIS:**  Have you submitted your thesis for examination: Yes □ No □  If your answer was **YES**, proof of submission must accompany this application form.  If your answer was **NO**, when do you intend to submit? …………………………………………………… | | | | | | | | | | | | |
| Research field to be covered by this application: | | | | | | | | | | | | |
| 1. **INFORMATION ON POSTDOCTORAL RESEARCH** | | | | | | | | | | | | |
| Department where research will be undertaken: | | | | | | | | | Faculty: | | | |
| Duration of project: from (month/year) to: (month/year) | | | | | | | | | | | | |
| Host with whom you wish to work:  Name:  Position:  Department:  Phone and fax numbers:  E-mail address: | | | | | | | | If more than one:  Name:  Position:  Department:  Phone and fax numbers:  E-mail address: | | | | |
| **Please attach copies of relevant documents to show that you have been provisionally accepted by your host as a Postdoctoral Fellow.**  **A letter of provisional acceptance from Host on departmental letterhead is sufficient.** | | | | | | | | | | | | |
| 1. **DETAILS OF RESEARCH** | | | | | | | | | | | | |
| Short descriptive title of research project: | | | | | | | | | | | | |
| **PROPOSED RESEARCH PLAN**: provide a brief, clear description of the aims, background and proposed programme of work. An additional page may be used. | | | | | | | | | | | | |
| 1. **QUALIFICATIONS OBTAINED (academic records must be attached)** | | | | | | | | | | | | |
| Degree: Date awarded: | Registration | | | | | | | | | University/Institution: | | |
| Title of doctoral thesis: | | | | | | | | | | | | |
| Supervisor and co-supervisors of research for doctoral degree: | | | | Name:  Position:  University/Faculty/Department: | | | | | | | | |
| 1. **PRESTIGIOUS AWARDS RECEIVED** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **EXPERIENCE TO DATE** | | | | | | | | | | | | |
| Name of employer/institution: | | | | | Capacity or type of work | | | | | | | Period |
|  | | | | |  | | | | | | |  |
| 1. **PUBLICATIONS** | | | | | | | | | | | | |
| Please supply a publication list in the space provided below. Full references (i.e. authors, title, year, 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 NOTE: THIS INFORMATION IS VITAL TO YOUR APPLICATION** | | | | | | | | | | | | |
| 1. **REFEREES:** **Please submit three (3) referee letters along with your application. Applications submitted without referee letters will not be considered.** | | | | | | | | | | | | |
| 1. Name:   Contact Address:  Phone No:  E-Mail Address: | | | 1. Name:   Contact Address:  Phone No:  E-Mail Address: | | | | | | | | 1. Name:   Contact Address:  Phone No:  E-Mail Address: | |
| 1. **FINANCIAL DETAILS** | | | | | | | | | | | | |
| 1. Please declare any other funding/income (from all sources) you expect to receive or have received in support of the post-doctoral research described in this application. Include details of other Fellowship Applications. | | | | | | | | | | | | |
| Amount | | | From: (month/year) | | | | | | | | To: (month/year) | |
|  | | |  | | | | | | | |  | |
| 1. Does any of the financial support received for your previous studies bind you to a service contract?   YES □ NO □ | | | | | | | | | | | | |
| 1. **DECLARATION BY APPLICANT** | | | | | | | | | | | | |
| I certify that the information supplied in this application is correct and that, if my application is successful, that I understand that I will be subject to, and will abide by the policies, requirements and rules surrounding the postdoctoral fellowships at Rhodes University.  I understand that my application will only be considered if:   * I have graduated with Doctoral degree **within five years** of the proposed date of commencement of the Fellowship. * I have declared, within this form, details of any previous employment or postdoctoral research fellowships. * I undertake to comply with all of the Conditions and Criteria of the RU Postdoctoral Fellowships. | | | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | | | Date: | |
| Signature of witness: | | | | | | | | | | | Date: | |
| **IMPORTANT NOTICE**  **ONCE THIS FORM HAS BEEN COMPLETED AND SIGNED BY THE APPLICANT, IT MUST BE HANDED TO THE PROPOSED HOST FOR FURTHER COMPLETION.**  **THE HOST IS NOTIFIED THAT THIS SECTION (No.11 a & b) IS CONFIDENTIAL.**  **BECAUSE OF THE CONFIDENTIAL NATURE OF THE INFORMATION TO BE GIVEN THIS FORM MUST BE SUBMITTED DIRECTLY TO THE RESEARCH OFFICE (Nichole de Vos) BY NO LATER THAN 18 August 2023.**  **LATE AND INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** | | | | | | | | | | | | |
| **11(a). INFORMATION TO BE PROVIDED BY THE HOST OF THE PROPOSED POSTDOCTORAL FELLOW** | | | | | | | | | | | | |
| Please explain how the applicant and this study in particular will contribute to your research.  Attach one extra page if necessary. | | | | | | | | | | | | |
| **11(b). PRELIMINARY ASSESSMENT OF APPLICATION FOR POST-DOCTORAL RESEARCH FELLOWSHIPS** | | | | | | | | | | | | |
| Please indicate your preliminary assessment of the application – ✓ tick the appropriate block   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **I believe that the academic standing of the applicant is:** | | | | | | | | | | | | | | Unacceptable |  | Good | | |  | Very Good | | |  | Outstanding | |  | | **The programme of research the candidate wishes to undertake is:** | | | | | | | | | | | | | | Unacceptable |  | Good | | |  | Very Good | | |  | Outstanding | |  | | **The library facilities at Rhodes would be:** | | | | | | | | | | | | | | Unacceptable |  | Good | | |  | Very Good | | |  | Outstanding | |  | | **The laboratory facilities available would be:** | | | | | | | | | | | | | | Unacceptable |  | Good | | |  | Very Good | | |  | Outstanding | |  | | **The departmental space and all other facilities including equipment available would be:** | | | | | | | | | | | | | | Inadequate |  | Adequate | | |  |  | | | | | | | | Please use this space to describe the space and equipment you will provide: | | | | | | | | | | | | | | **The award of a 12 month Fellowship to enable the applicant to work in my department is:** | | | | | | | | | | | | | | Not recommended | | |  | Recommended | | |  | Strongly recommended | | |  | |   **If applicable, priority ranking of applicant in relation to other applications received within the same department  is:…………..**  **Any further remarks/motivation (Attach ONE extra page if necessary)**  Please note that there is little purpose in pursuing an application unless there is a clear commitment by a department to provide necessary facilities. Equally, a department which has made such a commitment must be ready to stand by the award of the Fellowship if the candidate is successful.  **PLEASE RETURN THIS APPLICATION TO THE RESEARCH OFFICE (Nichole de Vos) by no later than 18 August 2023.** | | | | | | | | | | | | |
| HOST – Full Names (please print): | | | | | | | Signature:  Date: | | | | | |
| HEAD OF DEPARTMENT – Full names (please print); | | | | | | | Signature:  Date: | | | | | |