

**Rhodes University**

**Application Form**

**CSSR Postdoctoral Fellowship 2026**

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| 1. **PARTICULARS OF APPLICANT’S DETAILS** | | | | | | | | | | |
| Title: | | | Surname: | | | | | | | |
| First Names: | | | | | | | | | | |
| Home Address:  Postal Address: 1 | | | | | | | | | | |
| Place of birth: | | Date of birth (YYMMDD): | | | | | | Identity number/Passport number: | | |
| Citizenship: | | | | | | | | First language: | | |
| Telephone Number: | |  | | | | | | E-mail: | | |
| University at which you obtained, or will obtain your doctorate: | | | | | | | | | | |
| Month and Year that you obtained, or will obtain, 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: Critical Studies in Sexualities and Reproduction research programme | | | | | | | Faculty: Humanities | | | |
| 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: | Registration | | | | | | | University/Institution: | | |
| Title of doctoral thesis: | | | | | | | | | | |
| Supervisor and co-supervisors of research for doctoral degree: | | | |  | | | | | | |
| 1. **PRESTIGIOUS AWARDS RECEIVED** | | | | | | | | | | |
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| 1. **EXPERIENCE TO DATE** | | | | | | | | | | |
| Name of employer/institution: | | | | | Capacity or type of work | | | | | Period |
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| 1. **PUBLICATIONS AND CONFERENCE PRESENTATIONS** | | | | | | | | | | |
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| 1. **REFEREES:** **Please submit two referee letters along with your application. Applications submitted without referee letters will not be considered.** | | | | | | | | | | |
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| 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: | |