

**Rhodes University**

**Application Form**

**CSSR Postdoctoral Fellowship 2026**

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| 1. **PARTICULARS OF APPLICANT’S DETAILS**
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| 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**
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| Department where research will be undertaken: Critical Studies in Sexualities and Reproduction research programme  | Faculty: Humanities |
| 1. **DETAILS OF RESEARCH**
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| 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)**
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| 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**
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| 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**
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| 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.
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| 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**
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| 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.
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| Signature of applicant: | Date:  |
| Signature of witness: | Date: |