

**Rhodes University**

**Application Form**

**RU Postdoctoral Fellowship**

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| 1. **PARTICULARS OF APPLICANT’S DETAILS**
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| 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**
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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)**
 |
| 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**
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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**
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| 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**
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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: |
| **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 (Anela Nzwanga) BY NO LATER THAN 19 July 2024.****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

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| **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 (Anela Nzwanga) by no later than 19 July 2024.** |
| HOST – Full Names (please print): | Signature:Date: |
| HEAD OF DEPARTMENT – Full names (please print); | Signature:Date: |