

**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 (Jill Macgregor) BY NO LATER THAN 31 JULY 2018.**  **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 (Jill Macgregor) BY NO LATER THAN 31 JULY 2018.** | | | | | | | | | | | | |
| HOST – Full Names (please print): | | | | | | | Signature:  Date: | | | | | |
| HEAD OF DEPARTMENT – Full names (please print); | | | | | | | Signature:  Date: | | | | | |