**UNIVERSITY CAPACITY DEVELOPMENT PROGRAMME (UCDP)**

**2024**

**UNIVERSITY STAFF DEVELOPMENT PROGRAMME (USDP) – PHASE 5, COHORT 3**

**Early Career Academics: PhD Candidate Application Form**

**INSTRUCTIONS:**

* Please complete all 11 sections of this application form as thoroughly as possible. Incomplete applications and forms which are not fully signed will not be considered.
* Ensure that you complete the checklist and submit it together with this application and supporting documents.
* The application must be submitted to your institutional USDP manager/coordinator for signature and further processing.
* Your institutional USDP manager/coordinator must submit a completed application to [usdp.grant@up.ac.za](mailto:usdp.grant@up.ac.za) by no later than **25/10/2024 (17:00)**. Applications submitted after this date and time will not be considered.

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| **1. APPLICANT’S DETAILS** | | | | |
| Title: | | Surname: | | |
| First Names: | | | | |
| Home Address:  Postal Address: | | | | |
| Country of birth: | Date of birth (YYMMDD):  / / | | | Identity number/Passport number: |
| Citizenship: | | | | First language: |
| Race: | | | | Gender: |
| Contact Number(s): | Cell Phone: | | | E-mail:  Official email:  Alternate Email: |
| Institution of employment: | | | Staff/Employee number: | |
| Department: | | | Faculty: | |

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| **2. INFORMATION ON PHD STUDY** | | |
| University at which you are enrolled for your doctorate: | | |
| Month and Year that you enrolled for your doctorate: | | |
| Department in which you are enrolled: | | Faculty: |
| Research field to be covered by this application | | |
| Duration of project:  From (month/year): To: (month/year) | | |
| Supervisor details:  Name:  Position:  Department:  Phone numbers:  E-mail address: | If more than one:  Name:  Position:  Department:  Phone numbers:  E-mail address: | |

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| **3. DETAILS OF RESEARCH** |
| Short descriptive working title of research project: |
| **3.1 PROPOSED RESEARCH**: provide a brief but clear description of the study background, problem statement, aims and objectives/research questions. Not more than 800 words. |
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| **3.2 JUSTIFICATION FOR THE PROPOSED RESEARCH OR RESEARCH RATIONALE:** |
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| **3.3 WORKPLAN:** provide clear timelines and deliverables for the proposed research |
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| **3.4 ALIGNMENT TO NATIONAL, CONTINENTAL AND GLOBAL STRATEGIES:** |
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| **3.5 POTENTIAL IMPACT OF THE PROPOSED STUDY:** |
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| **4. FINANCIAL SUPPORT:** provide a detailed breakdown of the budget required to support this project for a three-year grant allocation period |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Line Items** | **2025** | **2026** | **2027** | **Total** | **Notes** | | **Registration and tuition fees:** |  |  |  |  |  | | **Conference attendance:** |  |  |  |  |  | | **Travel costs:** |  |  |  |  |  | | **Research expenses** *(inclusive of publication costs and professional services such as professional editing)***:** |  |  |  |  |  | | **Lecturer replacement:** |  |  |  |  |  | | **TOTAL COSTS** *(at maximum of R500,000 over the 3 years)* |  |  |  |  |  | | **Institution Indirect Costs (***at R8,333 p.a. for a total of R25,000 over the 3 years)* |  |  |  |  |  |   **BUDGET JUSTIFICATION NARRATIVE** *(Please provide a detailed explanation on how the grant funds will be used, managed and reported on)***:** |

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| **5. QUALIFICATIONS OBTAINED (*Please attach academic records for your undergraduate and post graduate qualification*)** | | | |
| Degree: | 1st Registration Date:  Date awarded: | | University/Institution: |
| Title of Master’s thesis: | | | |
| Supervisor for Masters degree: | | Name:  Position:  University/Faculty/Department: | |
| Co-supervisor(s) of research for Masters degree: | | Name:  Position:  University/Faculty/Department: | |

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| **6. PRESTIGIOUS AWARDS RECEIVED** *(Including any previous funding received from the Department of Higher Education and Training)* |
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| **7. EXPERIENCE TO DATE** | | |
| Name of employer/institution: | Capacity or type of work | Period |
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| **8. PUBLICATIONS *Please note: this information is vital to your application*** |
| 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. |

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| **9.** **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: | 2. Name:  Contact Address:  Phone No:  E-Mail Address: | 3. Name:  Contact Address:  Phone No:  E-Mail Address: |

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| **10. DECLARATION BY APPLICANT** | |
| I certify that the information supplied in this application is correct and that, if my application is successful, I understand that I will be subject to, and will abide by the policies, requirements and rules of the Department of Higher Education and Training (DHET) University Capacity Development Programme (UCDP).  I understand that my application will only be considered if:   * I have declared, within this form, details of any previous research fellowships. * I undertake to comply with all of the Conditions and Criteria of the USDP Early Career Academic PhD candidate programme. * I commit to complete my qualification within the stipulated funding timeframe. | |
| Signature of applicant: | Date: |
| Signature of witness: | Date: |

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| **11. SUPERVISOR AND INSTITUTIONAL SUPPORT/RECOMMENDATIONS**  ***Please note that there is little purpose in pursuing an application unless there is a clear commitment by a supervisor and the employing institution to provide necessary support. Equally, an institution which has made such a commitment must be ready to stand by the conditions of the DHET grant if the early career PHD candidate is successful.*** | |
| 1. **SUPERVISOR** | |
| Title, Full Names & Surname (Please print): | |
| Support remarks/motivation from the supervisor (Attach ONE extra page if necessary): | |
| Signature: | Date: |
| 1. **HEAD OF DEPARTMENT** | |
| Title, Full names & Surname (Please print): | |
| Support remarks / endorsement from the HoD (Attach ONE extra page if necessary): | |
| Signature: | Date: |
| 1. **FACULTY DEAN** | |
| Title, Full Names & Surname (Please Print): | |
| Support remarks / endorsement from the Faculty Dean (Attach ONE extra page if necessary): | |
| Signature: | Date: |
| 1. **DVC: RESEARCH / EQUIVALENT** | |
| Title, Full Names & Surname (Please Print): | |
| **Support and endorsement from the DVC: Please provide a separate institutional support letter, on an official letterhead, signed and stamped by the DVC.** | |
| Signature: | Date: |
| ANY OTHER FURTHER INSTITUTIONAL SUPPORT AND RECOMMENDATIONS – ***Optional***  (Additional comments/recommendations different from the above can be provided to substantiate why the candidate should be supported for the grant) | |
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| **INSTITUTIONAL UCDP/USDP MANAGER/COORDINATOR** | |
| Title, Full Names & Surname (Please Print): | |
| I confirm that this application has been checked for completeness and quality, and is therefore approved for submission to the DHET Implementation Support Partner, University of Pretoria.  Signature: Date: | |