**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 by no later than **25/10/2024 (17:00)**. Applications submitted after this date and time will not be considered.

|  |
| --- |
| **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: |

|  |
| --- |
| **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: |

|  |
| --- |
| **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. |
|  |
| **3.2 JUSTIFICATION FOR THE PROPOSED RESEARCH OR RESEARCH RATIONALE:** |
|  |
| **3.3 WORKPLAN:** provide clear timelines and deliverables for the proposed research |
|  |
| **3.4 ALIGNMENT TO NATIONAL, CONTINENTAL AND GLOBAL STRATEGIES:** |
|  |
| **3.5 POTENTIAL IMPACT OF THE PROPOSED STUDY:** |
|  |

|  |
| --- |
| **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)***:** |

|  |
| --- |
| **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: |

|  |
| --- |
| **6. PRESTIGIOUS AWARDS RECEIVED** *(Including any previous funding received from the Department of Higher Education and Training)* |
|  |

|  |
| --- |
| **7. EXPERIENCE TO DATE** |
| Name of employer/institution: | Capacity or type of work | Period |
|  |  |  |

|  |
| --- |
| **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. |

|  |
| --- |
| **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: |

|  |
| --- |
| **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: |

|  |
| --- |
| **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) |
|  |
| **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: |