



The Chairperson  
Scientific Advisory Panel of the PRF  
C/O the National Institute for Communicable Diseases  
Private Bag X4  
Sandringham  
2131

## PhD BURSARY **RENEWAL** APPLICATION FORM

**Closing Dates: 28 February and 15 September each year**

**Please note the following:**

- Applicants that have obtained a minimum pass of 60% - please make sure you attach latest academic record
- Years of support: PhD = 3 years
- Preference will be given to South African citizens or individuals with permanent resident status
- The deadlines for submission of applications must strictly be adhered to. Applications must arrive at the NICD on or before the deadline date. No late applications will be considered
- **Ensure that ALL sections of the form are completed and ALL requested information attached. Incomplete forms will not be accepted.**
- Application forms must be typed. No hand written applications will be accepted. Please format the document carefully and number all pages
- **Very Important: Upon completion of the degree the PRF would like you to confirm that the student graduated as well as a list of publications**
- E mail complete and signed application to: [prf@nicd.ac.za](mailto:prf@nicd.ac.za)

### GENERAL INFORMATION

Surname:

Name:

Title:

Race:

Gender:

Institution:

Work address (FULL postal address):

Institution name for relevant grant cheque:

Bank detail of relevant institution:

Telephone:

|   |                            |     |     |     |
|---|----------------------------|-----|-----|-----|
| E-Mail:   |                            |     |     |     |
| Qualifications:   |                            |     |     |     |
| Present professional status:  |                            |     |     |     |
|   |                            |     |     |     |
| <b>TITLE OF PROJECT</b>   |                            |     |     |     |
|   |                            |     |     |     |
| <b>GRANT NUMBER</b>   |                            |     |     |     |
|   | <b>YEAR OF PRF SUPPORT</b> | 1st | 2nd | 3rd |
|   | <b>YEAR OF STUDY</b>       | 1st | 2nd | 3rd |
|   |                            |     |     |     |
| <b>PROJECT PROGRESS REPORT OF BURSARY RECIPIENT</b>   |                            |     |     |     |
| (Please include detailed report, listing the initial aims, what has been achieved, challenges and resolved and next phase/work planned.)            |                            |     |     |     |
|   |                            |     |     |     |
| <b>BURSARY RECIPIENT'S PUBLICATION LIST AND PRESENTATIONS AT MEETINGS</b>   |                            |     |     |     |
| •   |                            |     |     |     |
|   |                            |     |     |     |
| <b>SUPERVISOR</b>   |                            |     |     |     |
| <b>VERY IMPORTANT: UPON COMPLETION OF THE DEGREE THE PRF WOULD LIKE YOU TO CONFIRM THAT THE STUDENT GRADUATED AS WELL AS A LIST OF PUBLICATIONS</b> |                            |     |     |     |
| Supervisor name:  |                            |     |     |     |
| Supervisor e-mail:  |                            |     |     |     |
| Supervisors report and confirmation of support:   |                            |     |     |     |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION ARE CORRECT AND THAT, IF I AM GIVEN A GRANT, I WILL ABIDE BY THE REGULATIONS GOVERNING THE AWARDING OF GRANTS

|                             | Applicant | Supervisor |
|-----------------------------|-----------|------------|
| Print full name and surname |           |            |
| Date                        |           |            |
| Signature                   |           |            |

## PRF NON-TECHNICAL REPORT BACK

Please do not change the format

Please forward the **word format** of this document.

No more than two pages allowed.

The Board of the Poliomyelitis Research Foundation (PRF) would greatly appreciate receiving your report back **BEFORE 28 FEBRUARY**. This report will be put into a publication which will be distributed to various stakeholders of the PRF.

Please note that the Chairman of the Board and a number of the other Trustees of the Foundation are not medically or scientifically qualified and **your report must please be worded in non-technical terms and easily understood and appreciated by those not in the field.**

Please submit your report within the following template (see format below) and return to PRF at [prf@nicd.ac.za](mailto:prf@nicd.ac.za)

Grant no:

Surname & Initials:

University/Institute:

Degree:

Title of research project:

The aims of your project:

Progress:

Supervisor name:

Supervisor comments:

**Very Important: Upon completion of the degree the PRF would like you to confirm that the student graduated as well as a list of publications**