



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

PhD BURSARY 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 as proof
- 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

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: _____

RELEVANT WORK EXPERIENCE TO DATE

Name of employer/institution	Capacity and type of work	Period

TITLE OF PROJECT**BRIEF REVIEW OF PUBLISHED LITERATURE AND RATIONAL TO PROPOSED PROGRAM (MAX 10 REFERENCES)**

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SCOPE OF THE PROJECT FOR WHICH A GRANT IS REQUESTED (PROPOSED RESEARCH PROGRAM AND PLAN OF APPROACH)

Specific objectives	
Preliminary data	
Research plan and methodology	
Timelines	

SUPERVISOR

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

Supervisor name: Supervisor e-mail: Supervisor report and confirmation of support:

ETHICS COMMITTEE CERTIFICATE (Has this application passed through the Ethics Committee?)**NB: Your application will not be considered unless relevant ethics approval has been accepted**

	Human	Animal
Approved (please provide certification and number)		
Pending		
Not Applicable		

CHECKLIST: PLEASE COMPLETE/ATTACH

INCLUDE MARKS OBTAINED IN LAST EXAMINATIONS?	Yes (attached)		No	
CV attached (2 pages maximum including publications)	Yes (attached)		No	
Literature review complete?	Yes		No	
All information complete and document properly formatted?	Yes		No	
Application signed?	Yes		No	
Application approved by Research Committee?	Yes		No	
Application E-mailed to: prf@nicd.ac.za ?	Yes		No	

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

	Applicant	Supervisor
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Print full name and surname		
Date		
Signature		

RECOMMENDATION BY THE RESEARCH COMMITTEE OF THE PARTICULAR INSTITUTION

Recommendation: Approved/not Approved	
Print full name and surname	
Date	
Status/capacity of representative of institution concerned	
Signature	