

Centre for Research on Evaluation, Science and Technology

Postdoctoral Research
Fellow
Application Form

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:

2. QUALIFICATIONS OBTAINED (a fully certified academic record 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:

3. PRESTIGIOUS AWARDS RECEIVED

4. EXPERIENCE TO DATE

Name of employer/institution:

Capacity or type of work

Period

5. 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

6. REFEREES Please provide the names (ie title, initials, and surname), full postal as well as telephone and e-mail addresses of three academic referees.

<p>1. Name:</p> <p>Contact Address:</p> <p>Phone No:</p> <p>E-Mail Address:</p>	<p>2. Name:</p> <p>Contact Address:</p> <p>Phone No:</p> <p>E-Mail Address:</p>	<p>3. Name:</p> <p>Contact Address:</p> <p>Phone No:</p> <p>E-Mail Address:</p>
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7. 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)

2. Does any of the financial support received for your previous studies bind you to a service contract?

YES NO

8. 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 post-doctoral fellowships at Stellenbosch 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 post-doctoral research fellowships.

Signature of applicant:

Date:

Signature of Witness:

Date: