**Stellenbosch University BRICS Collaboration Grant (BCG)**

**APPLICATION 2019 / 2020**

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| **Categories** | **Select one** |
| **Category 1**: Exploratory visit (Allocation between R30 000-R45 000) |  |
| **Category 2:** Research visit to one or more institutions in BRICS countries  (Allocation between R30 000 – R45 000) |  |
| **Category 3**: Host research visitor(s) from one or more institutions in BRICS countries  (Allocation between R20 000 – R40 000) |  |

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| **1. PARTICULARS OF APPLICANT** | | | | | |
| ***Only Stellenbosch University staff members may apply. Please submit a short CV (2 pages) with the application.*** | | | | | |
| Surname |  | Title |  | Initials |  |
| First name |  | Date of birth  (DD/MM/YYYY) | |  | |
| Department  & Faculty |  | Position | |  | |
| E-mail address |  | Full-time | |  | |
| Telephone nr. |  | Part-time | |  | |

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| **2. RESEARCH VISIT TO ONE OR MORE BRICS COUNTRIES *[please only complete if applying for a Category 1 or 2 grant]*** | | | | | | |
| ***A recent CV of the proposed host(s) must be submitted together with the application*** | | | | | | |
| Expected duration of visit | From  (DD/MM/YY) |  | | To (DD/MM/YY) | |  |
| **Host Name** | **Name & Address of Host**  **Institution** | | **e-mail address** | | **Telephone** | |
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| **MOTIVATION**  **Please address the following items in detail** | | | | | | |
| **Purpose of visit and reasons for its importance** | | | | | | |
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| **Work to be undertaken** | | | | | | |
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| **Proposed itinerary/programme** | | | | | | |
|  | | | | | | |
| **Benefits to broader SA scientific community** | | | | | | |
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| **Anticipated Outcomes** | | | | | | |
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| **Anticipated Outputs** | | | | | | |
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| **2. HOST RESEARCH VISITOR(S) FROM ONE OR MORE BRICS COUNTRIES *[please only complete if applying for a Category 3 grant]*** | | | | | | | |
| ***A recent CV of the proposed visitor(s) must be submitted together with the application.*** | | | | | | | |
| **PARTICULARS OF VISITOR** | | | | | | | |
| Surname |  | | Title |  | | Initials |  |
| First name |  | | Date of birth  (DD/MM/YY) | |  | | |
| Name & Address of Institution |  | | Country | |  | | |
| e-mail address |  | | Telephone | |  | | |
| Duration of visit | From  (DD/MM/YY) |  | To (DD/MM/YY) | |  | | |
| **MOTIVATION**  Please address the following items in detail | | | | | | | |
| **Purpose of visit and reasons for its importance** | | | | | | | |
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| **Work to be undertaken** | | | | | | | |
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| **Proposed itinerary/programme** |
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| **Benefits to SA scientific community** |
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| **Anticipated outputs** |
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| **3. BUDGET (complete for all categories)** | | | | |
| **3.1 Expenditure (attach quotations, where relevant) – in ZAR** | | | | |
| **Category** | **Amount** | **Comments** | | |
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| **TOTAL EXPENDITURE** |  |  | | |
| **3.2 Income : OTHER SOURCES OF FUNDING SUPPORT** | | | | |
| **Funders approached** | | | **Funding confirmed** | **Applied for but not yet confirmed** |
| (i) | | |  |  |
| (ii) | | |  |  |
| (iii) | | |  |  |
| (iv) | | |  |  |
| (v) | | |  |  |
| (vi) | | |  |  |
| **TOTAL INCOME CONFIRMED:** | | |  | |
| **3.3 BALANCE REQUIRED** | | |  | |

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| **4. SIGNATURES AND RECOMMENDATIONS** |
| **4.1 APPLICANT**  **………………………………………………………………………..**  **Signature:**  (Electronic signatures are permitted)  **Name (in block letters): ………………………………………….Date:…………………………………** |
| **4.2 HEAD OF DEPARTMENT**  **Recommendation:**  **Signature: ………………………………………………………...**  (Electronic signatures are permitted)  **Name (in block letters):…………………………………………Date: …………………………………** |
| **4.3 DEAN**  **Recommendation:**  **Signature: ………………………………………………………...**  (Electronic signatures are permitted)  **Name (in block letters):………………………………… …….Date:………………………………….** |