**APPLICATION TO THE UNIVERSITY CAPACITY DEVELOPMENT PROGRAMME (UCDP) FUNDING FOR ACADEMICS TO COMPLETE A FIRST MASTERS OR PHD DEGREE**

**THE UCDP FUNDING IS RESTRICTED TO:**

1. South African citizens and permanent residents;
2. Permanent, full-time Academic staff of UKZN;
3. Financial support to complete a first Masters or PhD degree

**FUNDING AREAS SUPPORTED BY THE UCDP INCLUDE:**

1. Teaching relief;
2. Direct running expenses (for example, data collection and fieldwork, purchase of chemicals, research assistants, etc.);
3. Statistical and editing services (with a motivation from the applicant and supervisor since the focus is on statistical and editing training rather than paying for the services).

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**COSTS NOT SUPPORTED/ RESTRICTED BY THE UCDP GRANT CONDITIONS:**

1. Purchase of equipment;
2. Binding and printing costs;
3. Page fees;
4. Scholarships for students;
5. Appointment of post-doctoral fellows;
6. Books;
7. Catering, entertainment and refreshment costs; and
8. Use and payment to external consultants should be limited.

**DURATION OF GRANT PERIOD**

1. The grant period will be from written date of acceptance of an award to a staff member to end November 2022. Staff appointments i.e. for teaching relief, research assistants can be made until end December 2022.

**PLEASE NOTE**

1. Please check with the Central UCDP Office, Precious Ndwalane at NdwalaneP@ukzn.ac.za for categories of expenses not covered above - prior to applying for such.
2. The fully completed application should be sent to the Central UCDP Office by close of business no later than **Friday, 28 January 2022**. The e-mail address to use is ucdp\_credentialing@ukzn.ac.za and only submissions addressed to this mailbox will be considered.
3. **All signatures must be obtained and all supporting documentation must be submitted with the application, incomplete applications will not be considered.**

**SECTION A: PERSONAL DETAILS OF APPLICANT**

|  |  |
| --- | --- |
| First Name and Surname (In full): |  |
| Staff Number: |  | Email Address: |  |
| Contact Number: |  | Mobile: |  |
| South African ID or Permanent Residence Number:  |  |
| **Historical Racial Category** |
| Black African | Asian (SA Indian, Indian; Chinese) | White | Coloured |
|  |  |  |  |
| **Designation at UKZN** |
| Lecturer - AADP |  |
| Lecturer - nGAP |  |
| Senior Lecturer |  |
| Other (specify) |  |

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| --- |
| Gender |
|  Male |  | Female |  |

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| --- |
| Age (in years at last birthday) |
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| --- |
| **School/ Unit/ Division** |
|  |
|  |  |
| Highest Qualification Completed |  |
| Degree currently registered for – **PLEASE INCLUDE PROOF OF YOUR REGISTRATION FOR 2022 YEAR-IF NOT AS YET AVAILABLE MAKE A NOTE TO THIS EFFECT** |  |

|  |  |
| --- | --- |
| Number of years registered for the degree |  |

|  |  |
| --- | --- |
| Institution registered with |  |

|  |  |
| --- | --- |
| Anticipated year of completion |  |
|  |  |
| Indicate phase in which your study currently is at |  **Indicate below - A or B** |
| **A** - Pre-approval phase of your proposal, when do you intend to submit to the relevant School Proposal Review Committee? |  |
| **B** - Post approval phase of your proposal |  |
|  |  |
| Have you been awarded similar UCDP funding in the 2018, 2019, 2020 and 2021 year’s - If yes, **please attach a written progress report of progress to date from your supervisor together with an indication of timelines for completion**.  |  |

**Name and contacts detail of supervisor(s)**

|  |  |
| --- | --- |
| Name |  |
| Telephone Number |  |
| Email address |  |

|  |  |
| --- | --- |
| Does your study require a waiver or full ethical clearance? Please read the Ethics document that accompanied this application form for guidance. |  |
| **Please submit a copy of your waiver or full ethical clearance document with this application** |  |

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| --- | --- |
| Are you supported by any of the other DHET funded initiatives conducted by UKZN i.e. nGAP, USDP, other to cover similar expenditure than what the UCDP offer? If yes, please elaborate on the type of support you have in this regard. |  |

**SECTION B: FUNDING CATEGORY**

**Please indicate (√) the type of spending you anticipate to incur to spent the award on. You are permitted to indicate more than one category of spend.**

|  |  |
| --- | --- |
| Direct running expenses (e.g. fieldwork and data collection, purchase of chemicals, research assistants, etc.) No purchasing of equipment allowed. |  |
| Teaching relief-(detailed budget to be attached-Use University rates) |  |
| Statistical services  |  |
| Editing services  |  |

**For each category of funding, please provide the information detailed below:** (Leave blank, if not applicable).

1. **Direct Running Expenses** – provide detail of type of running expenses applied for (add rows, if needed)

|  |  |
| --- | --- |
| **Detail Type of Running Expense**  | **Amount Requested**  |
|  |  |
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|  |  |
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|  |  |
| **Total Amount** |  |

|  |  |
| --- | --- |
| If you budgeted for a research assistant(s) give a clear and concise description of what their duties will entail |  |
| Signature of supervisor attesting to statement above re use of research assistant(s) on your study |  |

1. **Teaching Relief** (to be supported by Line Manager)

|  |  |
| --- | --- |
| * 1. Phase for which teaching relief is required
 |  **Indicate below, 3.1.1 or 3.1.2**  |
|  3.1.1 Pre-proposal approval phase |  |
|  3.1.2 Past proposal approval phase |  |
| * 1. Specify period teaching relief is applied for:
 |  **Indicate below 3.2.1 or 3.2.2 or both**  |
|  3.2.1First semester (Yes or No) |  |
|  3.2.2Second semester (Yes or No) |  |
| * 1. Specify module(s) replacement lecturer will teach:
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|  |
| * 1. Name of replacement lecturer(s) (if known)
 |  |
| * 1. Estimated cost (in ZAR):
 |  |
|  First semester  |  |
|  Second semester  |  |

1. **Statistical and editing services (**to be supported by Main supervisor as indicated below**)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Service Provider | Cost (ZAR) | Motivation by Applicant |
| Statistical services |  |  |  |
| Editing services |  |  |  |

**SECTION C: SIGNATURES**

I hereby confirm that all information provided in this application form is true and accurate.

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR TEACHING RELIEF APPLICATIONS ONLY**

**Approval from Line Manager**

**I support/ do not support this application for teaching relief:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name and designation of Line Manager:** |  |
| **Signature of Line Manager:**  |  |
| **Date:** |  |

**FOR STATITICAL AND EDITING SERVICE APPLICATIONS ONLY**

**Approval from Main Supervisor**

**I support/ do not support this application for statistical and editing services. If supported, please add a motivation from the Main Supervisor.**

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**DEAN AND HEAD OF SCHOOL - ALWAYS TO FINALLY SIGN OFF ON THE FORM**

**Approval from Dean and Head of School**

**I support/ do not support this application:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of Dean and Head of School:** |  |
| **Signature: Dean and Head of School:** |  |
| **Date:** |  |

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| --- |
| **DEADLINE FOR APPLICATION TO BE SUBMITTED TO CENTRAL UCDP OFFICE VIA THE GIVEN E-MAIL ADDRESS IS BEFORE/ON FRIDAY, 28TH OF JANUARY 2022.****ALL APPLICATIONS MUST ONLY BE SUBMITTED TO THE FOLLOWING E-MAIL ADDRESS -** ucdp\_credentialing@ukzn.ac.za **ANY APPLICATIONS SENT TO ANY OTHER EMAIL ADDRESS WILL NOT BE CONSIDERED**  |