**APPLICATION FOR THE FACULTY OF HEALTH SCIENCES, RESEARCH OFFICE, MINOR EQUIPMENT GRANT**

The FHS Research Equipment Sub-Committee invites applications for minor equipment funding. The call is intended to provide support for small pieces of equipment in order to augment equipment that is already available in the Faculty.

**Who may apply:**

Academic members (Lecturer and above: full-time or part-time) of the Faculty of Health Sciences including joint staff. Only one application per member will be accepted.

**Award Type:**

Research equipment

**Cost of equipment:**

· Minimum - not less than R30 000.00

· Maximum - not greater than R70 000.00 **including VAT**, import duties, installation costs and/or other costs.

· Applicants intending to procure equipment that costs more than R70 000.00 are welcome to apply provided they can top-up with funds they have available in the Wits Health Consortium only.

 Funds must be spent by 30 September 2024. No Roll-over will be allowed.

***Special Note:***

*To avoid automatic disqualification, please ensure that the requested item is classified as capex equipment as set out by the University rules. If you are not sure feel free to either contact me or Violet Kgwete* *violet.kgwete1@wits.ac.za**.*

**Submit the completed application form to:** **Moraba.Meela@wits.ac.za**

**CLOSING DATE: End of business 20 March 2024 (No late applications will be accepted)**

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| **APPLICANT DETAILS** |
| **Name** |  |
| **Surname** |  |
| **Title** |  |
| **School** |  |
| **Department** |  |
| **Department Cost centre Code** |  |
| **Current position (e.g. Lecturer, Senior Lecturer, etc.)** |  |
| **Staff type (e.g. Wits or Joint staff)** |  |
| **Staff number** |  |
| **Email Address** |  |
| **Telephone** |  |
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| **EQUIPMENT DETAILS** |
| 1. **Name of equipment**
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| 1. **Brief description of the equipment**
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| 1. **Why is the equipment needed? (give a detailed motivation** **and an outline of your research and other research areas, if applicable, that will utilize the equipment)**
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| 1. **Expected lifetime of the equipment**
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| 1. **Staff members likely to use the equipment on a regular basis (Please add more lines for names if required)**
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| **Name** | **Signature** |
|  |  |
|  |  |
| 1. **Postgraduate students likely to use the equipment on a regular basis (Provide a list of students), (Add more lines if required)**
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| **Name** | **Student Number** | **Full-time/Part-time** |
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| 1. **Papers published in the last three years by the applicant**
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| 1. **Describe any adaptation to Infrastructure that is required**
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| 1. **Is specialist training required to use the equipment**
 | **Yes** |  | **No** |  |  |
| **If yes, who will provide training?** |
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| 1. **What are the Health and Safety Implications of the equipment?**
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| 1. **Does the Equipment emit ionizing radiation?**
 | **Yes** |  | **No** |  |  |
| **If yes, please provide a letter of support from the University’s Radiation Protection Officer** |
| 1. **Cost of Equipment expressed in ZAR (VAT Included). (Please attach three [3] quotations). State if sole supplier**
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| 1. **If the equipment cost is higher than provided by this grant, do you have additional funds at the Wits Health Consortium?**
 | **Yes** |  | **No** |  |  |
| **If yes, state the amount** |  |
| 1. **Have you applied for the 2024 Wits University Research and Innovation Office Medium and Minor Equipment Grant**
 | **Yes** |  | **No** |  |  |
| 1. **Endorsement by Head of Department or Head of Research Entity**
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| **Name** |  | **Signature** |  |
| 1. **Endorsement by Head of School**
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| **Name** |  | **Signature** |  |