**FACULTY OF HEALTH SCIENCES RESEARCH COMMITTEE**

**UNIVERSITY OF THE WITWATERSRAND**

**APPLICATION FOR FINANCIAL ASSISTANCE TO ATTEND A RESEARCH CONFERENCE**

Applications must be made a minimum of **six weeks** before the conference.

**Only Emergent Researchers are eligible to apply.**

**The Faculty does not make retrospective grants.**

**Travel to Predatory Conferences will not be funded. Please refer to the following website for information:** <http://libguides.wits.ac.za/Scholarly_Research_Resources>

1. **CONFERENCE**

Please tick appropriate box**:**

|  |  |
| --- | --- |
| **Overseas** |  |
| **Regional (Africa)** |  |
| **Local (South Africa)** |  |

1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Family name** |  |
| **Given names** |  |
| **Title** |  |
| **Telephone number** |  |
| **Fax number** |  |
| **e-mail address** |  |
| **Department** |  |
| **University staff number** |  |
| **Year of first appointment to the University** |  |
| **Current position** |  |
| **Full-time?**  | **YES/NO** |
| **Part-time? If yes, state % of time of employment** | **YES/NO** |
| **Contract? If yes, who funds your salary?** | **YES/NO** |
| **Joint staff? If yes, state your employer** | **YES/NO** |

1. **INFORMATION CONCERNING PREVIOUS SUPPORT BY FACULTY RESEARCH COMMITTEE TO ATTEND CONFERENCE(S)**

|  |  |
| --- | --- |
| Is this your first application to the Faculty Research Committee or University Research Committee? | **Yes/No** |
| **If “NO”, complete the next section:**  |  |
| Year supported |  |
| Where was the conference held?(Mark with an X) | Overseas:Regional :Local : |
| Title of presentation |  |
| Amount received | R |
| **Have you published this paper?** | **Yes/No** |
| If yes, give publication details:Authors |  |
| Title of paper |  |
| Journal, year, volume, pages |  |
| **If “YES”, the next section has to be completed either by the Head of Department/Entity or Head of School or Assistant Dean (Research) if applicant is Head of School**  |  |
| Recommendation for first-time applicant: Please describe the contribution which the applicant is making, or has the potential to make, to the University’s research output |  |
| **Name and Position** |  |
| **Signature and Date** |  |

1. **PARTICULARS OF THE CONFERENCE FOR WHICH YOU ARE REQUESTING SUPPORT**

*(Please submit a copy of your registration form, or the conference announcement if you have not registered yet)*

|  |  |
| --- | --- |
| Title of the conference: |  |
| Who is organising the conference? |  |
| Dates of the conference |  |
| Venue of the conference |  |
| Title of your presentation |  |
| Co-authors (identify affiliations of those authors not from Wits) |  |
| Nature of your presentation(Mark with an X) | Keynote:Oral:Poster: |
| Has your abstract been accepted? | **Yes/No** |
| If “YES” please attach proof of acceptance |  |
|  |  |
| Have you inserted a copy of your abstract in the next page or attached a copy?**(Note: No application will be reviewed without the inclusion of an abstract and completion of the ethics declaration)** | **Yes/No** |

|  |
| --- |
| **PLEASE INSERT A COPY OF YOUR ABSTRACT IN THE BOX BELOW**Abstract should include: Title, Author(s) and their affiliation(s) |
|  |
| **Ethics clearance: YES/NO****If “YES”, provide** **Protocol Number**:  |
| If an ethics clearance number is not available, please provide a copy of a letter from the relevant ethics committee confirming that clearance was not required. |

1. **ESTIMATED TOTAL COST OF ATTENDANCE**

***Please submit realistic estimates of full costs, even though the Faculty Research Committee has limits to what it can provide.***

**Travel costs:**

 ***Please submit copies of the quotes, or other evidence, for fares.***

 ***Please note University vendors must be used at all times.***

|  |  |  |
| --- | --- | --- |
| **TRAVELLING COSTS**  |   |  **AMOUNT (RAND)** |
| Cost of return airfare(Cheapest fare as quoted by a University vendor) |  |  |
| Use of own vehicle:(Return Distance) (km) |  \_\_\_\_\_km x R3.30/km  |  |
| Other mode of transport(Provide details and costs) |  |  |
|  |  |  |
| **REGISTRATION****Please attach proof of costs** |  |  |
|  |  |  |
| **CONFERENCE DURATION** Number of days + 1 day |  |  |
| **SUBSISTENCE** (including accommodation) per day |  |  |
| **OTHER COSTS**(Please provide details) |  |  |
|  |  |  |
| **TOTAL ESTIMATED** |   |  |
| **NB: If the total amount requested exceeds the maximum amount of the FRC award, information on funds to cover the shortfall must be supplied** |  |  |
| **Financial support from department/school RINC** | **Yes/No** |  |
| **If “NO”, please provide reasons why your department/school is unable to contribute RINC funding towards your Conference Travel costs** |  |
| **Financial support from other sources** | **Yes/No** |  |
| If “YES”, provide details of source and amount requested and status of application (amount awarded/decision pending) |  |  |

1. **RECENT RESEARCH OUTPUT**

In support of your application, please submit, as an addendum, a list of research publications, research conferences attended (by you personally), names of postgraduate students who have graduated under your supervision, and any other relevant research outputs**, for the last** **three years only**. (*The Committee will make adjustments for researchers at the beginning of their research careers*).

**7. AUTHENTICATION**

 **Applicant:**

I understand that: it is **my responsibility** to provide the Committee with all the relevant information requested and certify that the information I have given in this application is accurate, to the best of my knowledge.

|  |  |
| --- | --- |
| **Signature:** | **Date:**  |

 **Department (if applicable):**

Arrangements have been made to cover the applicant’s responsibilities during his/her absence.

|  |  |
| --- | --- |
| I recommend this application | **Yes/No** |
| **Head: Name:**  **Signature:** | **Date:** |

 **School (or Dean, if applicant is Head of School):**

Arrangements have been made to cover the applicant’s responsibilities during his/her absence.

|  |  |
| --- | --- |
| I recommend this application | **Yes/No** |
| **Dean (Signature):** | **Date:** |

 **8. MORE THAN ONE APPLICATION PER DEPARTMENT/DIVISION**

IMPORTANT: Where more than one person from the same department/school is applying for funding to attend the same conference, please submit all the applications together*.* Refer to the rules for support when more than one person from a department/division applies to attend the same conference.

 **9. CHECKLIST**

Please ensure that the following documents are attached as a single document to the electronic application:

 **IMPORTANT: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

|  |  |
| --- | --- |
| **All applicants** |  |
| Copy of conference announcement  |  |
| Copy of registration form / Proof of registration fee |  |
| Copy of conference abstract  |  |
| Proof of acceptance of contribution  |  |
| Quote for travel costs from a University vendor |  |
| Proof of ethics clearance or waiver (where necessary) |  |
| Record of research outputs for last 3 years  |  |
| HOD motivation if >1 staff member applies for same conference |  |
| Copy of CV |  |
| **First time applicants only**  |  |
| HOD motivation |  |
| **Previously funded applicants only** Proof of publication from last funded conference(s) |  |

**10. SUBMISSION**

**Please submit:**

1. **THE COMPLETED APPLICATION FORM AND**
2. **A SINGLE WORD DOCUMENT WITH ALL THE SUPPORTING EVIDENCE**

**electronically to**:moraba.meela@wits.ac.za