**NB**: This document **must be typed**

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| RC8/2018 | **APPLICATION TO ATTEND A CONFERENCE**  **LOCAL/REGIONAL (GROUP)** |
| **Research Office Deadlines:** 23 March, 21 May, 2 August, 26 October  **Research Committee Meeting Dates:** 12 April, 4 June, 28 August, 7 November | |

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| **Eligibility**   * Full-time permanent staff * Full-time academic staff on a 3-year contract minimum * Postdoctoral fellows * Postgraduate students at Honours, Master’s or PhD level   **Maximum**   * R7 000 per person (staff members, and postdoctoral fellows) * R5 000 per person (students) * Three (3) staff members and six (6) students per event * One event per annum * Registration 100% * 70% of travel and subsistence costs * Subsistence may be claimed for the conference period and for actual travel days   **Criteria**   * Must be an application for a group to attend an organised event with a formal academic programme * The event must be directly related to the participants’ academic discipline * Motivation must be provided to indicate the nature of the group’s participation and how the event will enhance the participants’ research development   **Conditions**   * An applicant may not hold a grant to deliver a paper and a (group) grant to attend the same conference, although a grant to an individual may be used to defray group expenses |  |

**CHECKLIST**

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| **Have you attended to/included the following?** | **Please tick** |
| Conference call / official programme / brochure |  |
| Proof of conference registration fees |  |
| Detailed itinerary for the entire period |  |
| Airfare quotations (x2) or other transport arrangements |  |
| Accommodation quotation |  |
| Recommendation by HoD |  |
| Recommendation by Dean |  |

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| **A PERSONAL PARTICULARS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title (Prof, Dr, Mr, Mrs, Ms) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff/Student number | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faculty | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone number | | Work | | |  | | | | | | | Cell | | | | |  | | | | | | | | | | | |
| Present position | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full-time | | Yes/No | | | | | |  | | | Part-time | | | Yes/No | | | | | | | | |  | | | | | |
| Permanent | | Yes/No | | | | | |  | | | Contract | | | Yes/No | | | | | | | | |  | | | | | |
| If on contract, please indicate period | | Start date | | | | |  | | | | | | End date | | | | | |  | | | | | | | | | |
| B APPLICATION DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of conference | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of conference | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conference host | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Venue (City) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many members of the group will be presenting papers/ posters? | | | | | | | | | | | | | Paper | | | | |  | | | | | Poster | | | |  | | |
| Names of author(s) | | | Title of paper/poster | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Dates of journey (to and from UNIZULU/RSA) | | | Depart | | |  | | | | | | Return | | |  | | | | | | | | | Total days away | | |  | | |
| Please provide full details of the group that will be attending (*i.e. name, staff and/or student number*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | Staff/student number | | | | | | | | |  | | | | | | | | | | | | | | |
| Name |  | | | | | | Staff/student number | | | | | | | | |  | | | | | | | | | | | | | | |
| Name |  | | | | | | Staff/student number | | | | | | | | |  | | | | | | | | | | | | | | |
| Name |  | | | | | | Staff/student number | | | | | | | | |  | | | | | | | | | | | | | | |
| Name |  | | | | | | Staff/student number | | | | | | | | |  | | | | | | | | | | | | | | |
| How does this conference relate to the participants’ academic discipline? | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have your department received University funding in the past year to attend a conference? | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | No | |  | |
| If “yes”, please provide full details (*name of conference, date, place, names of attendees, papers delivered, etc*.) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C Conference budget**  Awards are intended to assist only with the following: the cost of land or air travel; limited transport costs; registration fees; accommodation and *subsistence for the days of the conference*.  ***Subsistence rates***:   * Local (within South Africa): R103.00 for incidental costs only. * The following SADC countries are deemed “regional”, and the local rates will apply: Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Madagascar, Mozambique, Namibia, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Travel costs to conference venue *(attach and list all quotes obtained, underlining the one selected)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accommodation | | | |  | | | | | | | | | | | | | | | | = | | R | | | | | | | |
| Air fare | | | |  | | | | | | | | | | | | | | | | = | | R | | | | | | | |
| Land travel | | | |  | | | | | | | | | | | | | | | | = | | R | | | | | | | |
| Subsistence | | | |  | | | | | | days at | R | | | | | | | | | = | | R | | | | | | | |
| Conference registration fees | | | |  | | | | | | | | | | | | | | | | = | | R | | | | | | | |
| **Total cost** | | | | | | | | | | | | | | | | | | | | | | **R** | | | | | | | |
| Contribution from other sources | | | | Source | | | | |  | | | | | | | | | | | | | R | | | | | | | |
|  | | | | | | | | | | | | | R | | | | | | | |
| **Total requested** | | | | | | | | | | | | | | | | | | | | | | **R** | | | | | | | |

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| **D DECLARATION BY APPLICANT** |

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| I declare that the above information is to the best of my knowledge correct.  I understand that acceptance of a grant implies that I will return to UNIZULU for a period of at least 12 months from the completion of the journey for which the grant was made and that I may be required to repay a portion or all of the grant to UNIZULU if I do not comply with this condition.  I certify that the foregoing sections constitute a complete and factual statement of the particulars requested. | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | Date | | | | |  | | | | |
| **E RECOMMENDATIONS** | | | | | | | | | | | | | | | | |
| **To be completed by the Head of Department**  Please comment on the importance and standing of this conference and how the applicant’s attendance would benefit the University. | | | | | | | | | | | | | | | | |
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| Leave of absence approved? (please do not include leave forms) | | | | | | | | | Yes | | | | |  | No |  |
| HoD’s Recommendation | | Strongly supported |  | | Supported | | | | | |  | | Not supported | | |  |
| Signature | |  | | | | | Date | | | | | |  | | | |
| **To be completed by the Dean/Deputy Dean of the Faculty** Further comments | | | | | | | | | | | | | | | | |
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| Recommendation | | Strongly supported | |  | | Supported | | | |  | | Not supported | | | |  |
| Signature | |  | | | | Date | | | |  | | | | | | |