**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
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**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.
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| **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 |
|  |
| Recommendation | Strongly supported |  | Supported |  | Not supported |  |
| Signature |  | Date |  |