# The Teaching Development Grant National Collaborative Project: Strengthening Academic Staff Development in Mathematical and Statistical Sciences in South Africa

**APPLICATION FORM FOR ACTIVITY OR EVENT SUPPORT (2018)**

*Please complete this application form in full. Incomplete applications will not be considered.*

|  |  |
| --- | --- |
| **Activities and events sponsored in 2018 are:**   * Winter and summer school, travel and board * Activity planning workshops * Pre- and post- conference events (e.g. mentorship workshops) to association conferences (e.g. SASA and SAMS) * International/local course/conference participation * Staff time buy-out or replacement of staff costs * Other activities directly related to the TDG project objectives. | |
| TDG-MSS Node Leader and Institution Name |  |
| TDG-MSS Budget Item(s) |  |
| *Please view our website* [www.up.ac.za/ntdg](http://www.up.ac.za/ntdg) *to check whether your Institution is a node.* | |

|  |  |
| --- | --- |
| **APPLICANT INFORMATION** | |
| Title |  |
| Name |  |
| Surname |  |
| Email Address |  |
| Phone/ cell Number |  |
| Staff number |  |
| Position in department |  |
| Gender |  |
| Race |  |
| Nationality |  |
| RSA ID number |  |
| Highest qualification and year obtained |  |
| Degree registered for  *Emerging researchers should leave this blank* |  |
| Year of first registration  *Emerging researchers should leave this blank* |  |

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| --- | --- |
| **ACTIVITY/EVENT INFORMATION** | |
| Activity/Event Name |  |
| Activity/Event Date(s) |  |
| Event Website (if available) |  |
| Event Local Organising Committee Members |  |
| Event Scientific/Programme Committee Members |  |
| Nature of participation in conference  (*if application is for conference funding*)  If application is for conference funding, a report is due 30 days after the conference. The report should be completed on the TDG template. | Paper or Poster: |
| Title of presentation: |
| **ACTIVITY/EVENT DESCRIPTION** |  |
| **MOTIVATION AND EXPECTED OUTCOMES**  ***Motivation should include a career development plan*** | |
| To be completed by applicant | To be completed by supervisor/ or if applicant is an emerging researcher this should be completed by the HoD |

**BUDGET REQUEST**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | DETAILS | | | Unit Price | Quantity | TOTAL |
| **ROAD** | Own car | Details of trips | No. of km | @ SARS rate |  |  |  |
|  |  |  |  |  |
| or  car rental |  | | |  |  |  |  |
| **FLIGHTS** | |  | | |  |  |  |
| **ACCOMMODATION** | | Rate | | No. of nights |  |  |  |  |
| **CONFERENCE REGISTRATION FEES** | |  | | |  |  |  |  |
| **SUBSISTENCE**  Provide details  Refer to guidelines | |  | | |  |  |  |
| **OTHER** | |  | | |  |  |  |
| **TOTAL** | | | | |  |  |  |
| **AMOUNT REQUESTED FROM TDG** | | | | |  |  |  |
| DETAILS OF ALL RESEARCH/TRAVEL FUNDS AVAILABLE FOR THIS CONFERENCE/WORKSHOP/EVENT | | | | |  |  |  |

**ADDITIONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **PREVIOUS FUNDING RECEIVED FROM THE TEACHING DEVELOPMENT GRANT** | | | |
| **Year** | INTERNATIONAL  AMOUNT | LOCAL  AMOUNT | EXPECTED OUTCOMES ACHIEVED (for example, completion of degree, publication, etc.) |
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**SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Applicant |  |  |  |
| Head of Department |  |  |  |
| Node Leader |  |  |  |

**CHECKLIST**

|  |  |
| --- | --- |
| HoD and Node leader’s signatures |  |
| Copy of ID of applicant |  |
| Highest qualification |  |
| Proof of registration (not applicable to emerging researchers) |  |
| Title & Abstract (if applying for funding to attend a conference) |  |
| Budget |  |

**FOR OFFICE USE**

|  |  |
| --- | --- |
| Application Reference No. | **TDG2018/** |
| Date received: | **/ /2018** |
| Total amount applied for: | **R** |
| Total amount approved: | **R** |
| Reasons: |  |
| Outcome letter sent: | **/ /2018** |