**National Research Foundation- First Rand Foundation Sabbatical Grant 2019**

**Intent to apply/ Head of Department approval form**

**1) Applicant Information**

|  |  |
| --- | --- |
| Name and surname of applicant |  |
| ID number |  |
| Gender |  |
| Race |  |
| Department |  |
| Field of Study |  |
| Faculty |  |
| Email address |  |
| Telephone number |  |
| **Sabbatical Grant Applicant** |
| Master’s degree Supervisor’s title, name and surname |  |
| Master’s Supervisor’s email address, department and Institution |  |
| Doctoral Supervisor’s title, name and surname |  |
| Doctoral Supervisor’s email address, department and institution  |  |
| **Postdoctoral Grant Applicant** |
| Doctoral Supervisor’s title, name and surname  |  |
| Doctoral Supervisor’s email address, department and institution |  |
| Proposed postdoctoral supervisor/ host’s title, name and surname  |  |
| Proposed postdoctoral supervisor/ host’s email address, department and institution  |  |

**2) Declaration by applicant**

2.1) I confirm that I comply with the eligibility criteria for this grant as stipulated in the guideline document

2.2) I confirm that:

1. I am a full‐time academic employee at the University of Pretoria
2. I am employed in a permanent position or a fixed term contract for at least one year after the completion of the sabbatical
3. I am a South African citizen
4. I understand that to apply for a sabbatical grant I may not be older than 40 years
5. I understand that to apply for a fellowship grant I may not be older than 45 years and my doctoral degree may not be older than 5 years at the time of my application
6. I understand that my application has to go through the Designated Authority at the Department of Research and Innovation before it can be submitted to the NRF
7. I understand that I can only request financial assistance for categories supported under the grant
8. I understand that the equity target for the grant is 90% Black African and 10% comprising of Indian, Coloured and persons with disabilities.
9. If my application is successful the sabbatical/ fellowship will commence in 2019

**3) Application**

Please indicate the funding track you are applying for:

Sabbatical Fellowship

**4) Sabbatical/ Fellowship duration**

1. I intend to apply for a sabbatical/ fellowship for a period of ……………………………..
2. I understand the terms and conditions of this grant and comply with the application requirements.

…………………………….. …………………………..

Applicant signature Date:

**5) Head of Department Approval**

|  |  |
| --- | --- |
| Head of Department’s title, name and surname  |  |
| Email address |  |
| Telephone number |  |

 I approve the departmental nomination of the applicant for a period of --------------------(indicate the duration).

 I understand that the applicant does not need accumulated vacation leave for this sabbatical, but is eligible to apply for official leave if the application is successful.

 I understand that no duties can be assigned to the applicant during the sabbatical period.

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Head of Department Signature Date