**APPLICATION FORM**

**Faculty of Health Sciences Conference Oral/Poster Presentation or Workshop Participation Top Up**

***Please note:***

* *The FHS Research Office financial support is capped at R10,000.00 for international conferences and R5,000.00 for local conferences.*
* *Applications must be submitted at least three weeks before the conference date.*
* *Retrospective (after payment or after conference attendance) applications will not be processed.*
* *Incomplete application forms will not be processed.*
* *Please note that you can only apply for top-up funding after two years of receiving the initial funding.*

**Applicant Information**

Full Name:

Designation (Staff/Student):

Department:

Email Address:

Phone Number:

**Conference Details**

Name of Conference:

Location:

Link to conference website:

Dates of Conference:

Type of Presentation/Participation (Oral/Poster/Workshop):

Title of Presentation/Workshop:

Co-authors (if any):

**Publication Record (For Staff including Postdocs):**

Number of Publications in International Journals (last 2 years):

List of Publications (last 2 years):

* 1. **Title of publication:**
     + Journal:
     + Year:
     + Author Position (First/Last/Middle):
  2. **Title of publication:**
     + Journal:
     + Year:
     + Author Position (First/Last/Middle):
  3. **Title of publication:**
     + Journal:
     + Year:
     + Author Position (First/Last/Middle):
  4. **Title of publication:**
     + Journal:
     + Year:
     + Author Position (First/Last/Middle):
  5. **Title of publication:**
     + Journal:
     + Year:
     + Author Position (First/Last/Middle):
  6. **Title of publication:**
     + Journal:
     + Year:
     + Author Position (First/Last/Middle):
  + *(Add additional publications as needed)*

**Postgraduate Supervision Record (For Staff including Postdocs):**

Number of Publications in International Journals (last 2 years):

1. Name of Student:

Postgraduate Degree:

Name of School:

1. Name of Student:

Postgraduate Degree:

Name of School:

* + *(Add additional supervision record as needed)*

**Publication Record (For Students):**

Number of Publications (last 2 years):

List of Publications (last 2 years):

* 1. **Title:**
     + Journal:
     + Year:
     + Author Position (First/Middle/Last):
  2. **Title:**
     + Journal:
     + Year:
     + Author Position (First/Middle/Last):
  + *(Add additional publications as needed)*

**Justification for Attendance Support**

Briefly (<100 words) describe the significance of attending this conference for your professional development.

**Additional Information**

* **Have you previously received conference support from the Faculty of Health Sciences? (Yes/No):**
  + If yes, please provide details:

**Complete the checklist below before submitting the form**

*Please note: Incomplete forms will not be processed*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Eligibility criteria for staff*** | ***Mark below (X)*** | ***Eligibility criteria for students*** | ***Mark***  ***below (X)*** |
| *University of Pretoria Faculty of Health Science (FHS) Affiliation as full-time employed staff member* |  | *University of Pretoria FHS Affiliation as full-time student (proof of registration)* |  |
| *Six FHS affiliated publications in international journals in the past two years* |  | *Two (FHS) publications in international journals in the past two years* |  |
| *At least two of the six publications as first or senior/last author* |  | *Postgraduate student within two years of Masters or within three years of PhD* |  |
| *At least two postgraduate student (Masters and PhD) supervisions to completion in the past two years* |  | *Evidence of not having received Faculty of Health Sciences conference attendance support in the past three years* |  |
| *Evidence of not having received FHS conference attendance support in the past three years* |  | *Evidence of applying for other funding support from other platforms* |  |
| *Evidence of applying for other funding support from other platforms* |  | *Recommendation letter from UP-based supervisor/mentor, HoD* |  |
| *Willingness to provide a report back to the Faculty Research Office and pictures as evidence within four weeks of attending the conference* |  | *Willingness to provide a report back to the Faculty Research Office and pictures as evidence within four weeks of attending the conference* |  |
| *Evidence of depleted funding from developmental and/or publication cost-centre (attach cost centre report)* |  | *Evidence of depleted funding from developmental and/or publication cost-centre (attach supervisor’s cost centre report)* |  |

**Declaration**

I hereby declare that the information provided is accurate and true to the best of my knowledge. I understand that providing false information may result in the rejection of my application or withdrawal of support.

For staff (including postdocs)

* Signature:
* Date:

For students

* Supervisor’s signature:
* Date:
* Student signature:
* Date:

**Approval Section (For Office Use Only)**

* Application Received By:
* Date Received:
* Reviewed By:
* Decision (Approved/Rejected):
* Comments (<100 words):

Please submit the completed form to the Faculty of Health Sciences administrative office by at least six weeks before the date of conference. For any inquiries, contact [**Gertrude.Mamabolo@up.ac.za**](mailto:Gertrude.Mamabolo@up.ac.za)