# The University Capacity Development Programme National Collaborative Project:

# Strengthening Academic Staff Development in Mathematical and Statistical Sciences in South Africa

**APPLICATION FORM FOR ACTIVITY OR EVENT SUPPORT (2023)**

*Please complete (type) all blue sections of this application form in full.*

*Incomplete applications will not be considered.*

|  |
| --- |
| * **UCDP-MSS Budget Items (Activities and Events Sponsored in 2022, refer to Funding Guidelines):**

**Activity 1 (a-e)**: Winter and summer school, organisation, travel and board**Activity 2**: Activities Planning Workshops**Activity 3 (a-b)** Conference Attendance **Activity 5**: Overseas Conference Participation**Activity 6**: Staff time buy-out or replacement of staff costs* ***Please view our website*** [***www.up.ac.za/ntdg***](http://www.up.ac.za/ntdg) ***to check whether your Institution is a Node.***
* ***Please add in additional lines, as required.***
 |
| * Node Leader
 |  |
| * Institution Name
 |  |
| * Budget Item
 | Activity 3a |
| **APPLICANT’S INFORMATION** |
| Title |  |
| Names |  |
| Surname |  |
| RSA ID number |  |
| Nationality |  |
| Email Address |  |
| Phone | Cell Number |  |
| Gender |  | Race |  |
| Position in Department |  | Staff Number |  |
| Highest Qualification  |  | Year  |  |
| Degree registered for*Emerging researchers should leave this blank* |  |  |
| Year of first registration*Emerging researchers should leave this blank* |  |  |
| **ACTIVITY/EVENT INFORMATION** |
| Activity/Event Name | Southern African Mathematical Sciences Association 2023 conference (SAMSA 2023) |
| Activity/Event Date(s) | 21-24 November 2023 |
| Event Website (if available) | https://www.up.ac.za/cf-samsa2023 |
| Event Local Organising Committee Members  | Prof Inger Fabris-RotelliProf Michael Chapwanya |
| Event Scientific/Programme Committee Members  | Prof Mapundi BandaProf Samuel Manda |
| 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 UCDP template. | Paper or Poster: |
| Title of Presentation: |
| **ACTIVITY/EVENT DESCRIPTION**  |  |
| **MOTIVATION (***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 |

**ADDITIONAL INFORMATION**

|  |
| --- |
| **PREVIOUS FUNDING RECEIVED FROM UCDP *(Please provide accurate information. This will be verified)*** |
| **Year** | **Application No** | **Amount**  | **Outcomes Achieved (Completion of degree, Publication, etc.)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**STAFF/GRADUATE ACADEMIC STAFF SUPPORT**

If a keynote/researcher/ is being funded, please could you give us their necessary demographic information, as we need to report this to the DHET:

* ***For students, please indicate what degree they are registered for.***
* ***Please add in additional lines, as required.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full name** | **Staff/Student#**  | **Gender** | **Race** | **Nationality** | **Amount** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  |

**BUDGET REQUEST**

* ***Please provide a budget breakdown (with quotations) for your event. Please add in additional lines, as required.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Details** | **Unit Price** | **Quantity** | **Total** |
| **Time Buy-Out** |  |  |  |  |
| **Road** | **Own Car** | **Details of Trip** | **KM’s** | **SARS Rate** |  |  |  |
|  |  |  |
| **Ground Transport** |
|  |  |  |
| **Flights** |  |  |  |  |
| **Accommodation** | **No of Nights** | **Rate** |  |  |  |
|  |  |
| **Conference Registration Fees** | **No of days** | **Rate** |  |  |  |
|  |  |
| **Subsistence****Provide Details** |  |  |  |  |
| **Other** |  |  |  |  |
| **TOTAL** |  |
| **AMOUNT REQUIRED FROM UCDP**  |  |
| **Details of all research/travel funds required for this conference/workshop** |  |  |  |

**SIGNATURES**

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

**CHECKLIST**

|  |  |
| --- | --- |
| HOD and Node leader’s Signatures |  |
| Copy of Applicant’s ID |  |
| Highest Qualification (Year Received) |  |
| Proof of Registration  |  |
| PHD (Year Received) |  |
| Title and Abstract (If Applying for funding to attend an international conference) |  |
| Acceptance / Invitation Letter for **Activity 5**: Overseas conference participation |  |
| Budget (Quote) |  |

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