



STRATEGIC PLATFORMS PROGRAMME EQUIPMENT-RELATED TRAINING GRANT

APPLICATION FORM

1. APPLICANT

- If you have not registered your details on the NRF Online System, kindly do so before submission to the institutional research office for validation.
- The *Curriculum Vitae* section forms an inherent part of the application and must be completed by all new applicants and updated by all prior applicants.

Please provide additional details (copy and paste) if:

- *A supervisor is applying on behalf of technician/student*
- *There are multiple applicants for the visit (adjust budget accordingly)*

Where applicants fail to complete the NRF Online Registration and CV sections, the application will be deemed to be incomplete and will not be considered for funding.

1.1. APPLICANT'S DETAILS

Title				Initials			
First Name				Surname			
I.D. Number				Gender	M		F
Citizenship				Race	B	W	
Department							
Institution							
Address							
Postal Code				e-mail			
Telephone				Fax			
Nature of Appointment	Full-time		Contract Appointment		If contract appointment, specify duration after application closing date		

1.2. Details of the Supervisor who is applying on behalf of a student OR Details of the Head of Department who is applying on behalf of a technician

Title				Initials			
First Name				Surname			
I.D. Number				Gender	M		F
Citizenship				Race	B		W
Department							
Institution							
Address							
Postal Code				e-mail			
Telephone				Fax			
Nature of Appointment	Full-time		Contract Appointment		If contract appointment, specify duration after application closing date		

2. DETAILS OF TRAINING COURSE / WORKSHOP

2.1.	MOTIVATION FOR PROPOSED TRAINING COURSE / WORKSHOP (also provide details / description of the training course / workshop, inclusive of a letter of verification from such a facility)
2.2.	DETAILS OF THE SCIENTIFIC IMPACT OF THE TRAINING INTERVENTION (on current research project and / or envisaged future projects)
2.3.	PROVIDE DETAILS ON WHAT PARTICULAR PIECE OF EQUIPMENT WOULD THE TRAINING BE BASED
2.4.	WHICH NRF FUNDING PROGRAMME SUPPORTED THE ACQUISITION OF THIS PIECE OF EQUIPMENT?
2.5.	WHAT TRAINING INTERVENTION WERE SUPPORTED BY THE SUPPLIER / MANUFACTURER AT TIME OF INSTALLATION?(List the supplier provided training and clearly articulate how the proposed training course / workshop is separate from training that should have been provided by the supplier / manufacturer at time of installation)
2.6.	ENVISAGED RESEARCH OUTPUTS AS A RESULT OF THE VISIT (public etc.)
2.7.	ENVISAGED TRAINING AND OUTREACH INTERVENTIONS Specifically indicate the mentoring plan for young researchers from HDIs, local seminars/training workshops etc.
2.8.	POTENTIAL IMPACT ON HR DEVELOPMENT (students, other technical staff) How will the training obtained at the proposed facility impact on HRD?

2.9.	POTENTIAL IMPACT ON EQUITY AND REDRESS How will the training obtained at the proposed facility be implemented at your own organisation to address the equity and redress requirements

3. BUDGET

PROPOSED EQUIPMENT-RELATED TRAINING BUDGET		
ITEM	Description	Cost
Training Expenses	Cost per delegate	
	Marketing / Workshop promotion costs	
	SUB-TOTAL	
Subsistence Expenses (the NRF is guided by the tariffs as prescribed in the Government Gazette and applicants are advised to consult it)	Venue (inclusive of food and beverages)	
	Accommodation	
	SUB-TOTAL	
TOTAL TRAINING COSTS	Add the subtotals for Training and Subsistence Expenses	
LESS SUPPLEMENTARY FUNDING	Supplier / Manufacturer Co-Investment	
	Host Institution Co-Investment	
	HEI Contribution	
	Other	
	SUB-TOTAL	
TOTAL REQUESTED FROM THE NRF (Total training costs less contributions to be derived from other sources)		

ALL COSTS MUST BE QUOTED IN RANDS

4. DECLARATION BY APPLICANT

DECLARATION BY APPLICANT
<p>I, representing</p> <p>who intends hosting / attending a training course / workshop needed for this project, hereby declare that I have consulted with the training institution and that I am satisfied that the training and / or equipment has adequate specifications (e.g. training outcomes and/ or equipment suitability i.e. resolution, sensitivity, energy, physical dimensions, sample size, etc) to address the problems under</p>

investigation. I also declare that no funding has been received or awarded from other sources for the purpose of this application, except for those indicted under SUPPLEMENTARY FUNDING.

I confirm that I have arranged with my own relevant Institutional authorities to provide any shortfall in funding.

Signature: Date:

5. APPROVAL BY DESIGNATED AUTHORITIES AT YOUR RESEARCH INSTITUTION (Research Administration or Equivalent Executive)

Designated Authority OR Equivalent Executive of APPLICANT			
Name		Capacity	Signature
Telephone		Fax No:	
e-mail		Date	

6. APPROVAL AND DECLARATION OF HOST / TRAINING INSTITUTION (Kindly append the formal letter of invitation from the research facility director, at which the equipment you need to access is housed; or confirmation of acceptance to the training course/workshop.)

I, representing

who intends hosting / training the following person(s)....., hereby declare that I have discussed and consulted with the above-mentioned person(s) the suitability of the equipment /training outcomes in respect to the research project they are undertaking / envisage to undertake.

Signature: Date: