

**COLLEGE OF HEALTH SCIENCES**

**APPLICATION FOR FUNDING**

(Application to be submitted at least 6 weeks prior to departure)

<b>NAME: Prof/Dr/Mr/Mrs/Miss/Ms</b>	
<b>Student/Staff No.</b>	
<b>Professional status</b> (if student, year of study)	
<b>Discipline</b>	
<b>School</b>	
<b>Contact telephone no/s</b>	
<b>Email address</b>	

**Position Held: Please mark with an (X)**

<b>Undergrad Student</b>		<b>Masters Student</b>		<b>PhD Student</b>		<b>Tutor</b>	
<b>Senior Tutor</b>		<b>Lecturer</b>		<b>Senior Lecturer</b>		<b>Associate Professor</b>	
<b>Professor</b>		<b>Senior Professor</b>					

**Funding for:**

- International Conference attendance
- National Conference attendance
- Visit to another local academic University
- Visit abroad/local (less than 2 months)
- Short courses (less than 2 months)
- Foreign Research Fellowship (less than 2 months)
- Extension of stay following a conference to attend courses at overseas institutions
- Invitation for technical experts to visit Faculty
- Visiting Lecturers
- 5<sup>th</sup> Year scholarship to spend elective periods at an overseas university

Name of Conference/Short Course/Brief Outline of Visit/ (e.g. 24<sup>th</sup> Annual Conference of ...): or  
Details of visiting lecturer (e.g. Motivation/Expertise):

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Dates of Conference/Short Course/Visit:

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If presenting:

Title of presentation:

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Do you have any grants with a budget for travel or conference attendance? If so please list.

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Has any other sponsorship been applied for? 

YES	NO
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 If yes, how much has been granted: R \_\_\_\_\_

List dates of when last you received a travel grant: \_\_\_\_\_

TOTAL Amount Requested for this application: R \_\_\_\_\_

Did you attend any conference/s in the past three years? |

YES	NO
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Did you present at these conferences? 

YES	NO	If yes, give details:
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Name of Conference:

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Title of presentation: \_\_\_\_\_  
\_\_\_\_\_

Date of conference attendance: \_\_\_\_\_

Has the presentation been turned into a publication? 

YES	NO	If yes, please provide reference:
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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation by Academic Leader (Research): \_\_\_\_\_

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Signature of Academic Leader (Research): \_\_\_\_\_ Date: \_\_\_\_\_

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Recommendation by Dean and Head of School: \_\_\_\_\_

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Signature of Dean and Head of School: \_\_\_\_\_

Date: \_\_\_\_\_

**The following tick boxes have to be completed and all supporting documentation has to be submitted together with the application. If this is not done, the application will be considered incomplete and will not be considered for funding.**

<p><b>The following documents must be attached to application form:</b></p> <p><input type="checkbox"/> Full Budget</p> <p><input type="checkbox"/> 2X airfare quotes from Connex (X1685)</p> <p><input type="checkbox"/> 2X accommodation quotes</p> <p><input type="checkbox"/> Car hire/shuttle service quote</p> <p><input type="checkbox"/> Visa Fee</p> <p><input type="checkbox"/> Registration Fee</p> <p><input type="checkbox"/> Copy of Abstract and proof of abstract acceptance (if presenting)</p> <p><input type="checkbox"/> Acceptance letter</p> <p><input type="checkbox"/> Programme of Conference or Programme of Proposed Visit</p> <p><input type="checkbox"/> List of publications in the past three years</p> <p><input type="checkbox"/> Academic Record (if student)</p>
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**Please e-mail this application together with all supporting documentation to:**  
**[pillayc4@ukzn.ac.za](mailto:pillayc4@ukzn.ac.za)**