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**APPLICATION FORM**

**INTERNAL FUNDING**

|  |  |  |
| --- | --- | --- |
| INDICATE WHICH CATEGORY OF FUNDING YOU ARE APPLYING FOR | | Choose an item. |
| 1. **BIOGRAPHICAL DETAILS** | | |
| TITLE | Choose an item. | |
| FIRST NAMES | Click here to enter text. | |
| SURNAME | Click here to enter text. | |
| ID NUMBER | Click here to enter text. | |
| DEPARTMENT | Click here to enter text. | |
| FACULTY | Choose an item. | |
| DATE OF APPOINTMENT | Click here to enter a date. | |
| POSITION HELD | Click here to enter text. | |
| Nature of Employment | Choose an item. | |
| If on contract, indicate date of expiry of contract: | | |
| DATE | Click here to enter a date. | |

|  |  |  |
| --- | --- | --- |
| 1. **BRIEF OVERVIEW OF RESEARCH INITIATIVE**   *(no more than 150 words)* | | |
| Click here to enter text. | | |
| 1. **OBJECTIVES OF RESEARCH INITIATIVE**   *(no more than 100 words)* | | |
| Click here to enter text. | | |
| 1. **POTENTIAL OUTPUTS** | | |
| Click here to enter text. | | |
| 1. **RESEARCH PLAN**   *(include timelines and activities)* | | |
| Click here to enter text. | | |
| 1. **BUDGET ITEM** *(please provide brief motivation for each line item)* | | |
| **ITEM** | | **AMOUNT** |
| Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. |
| Click here to enter text. | | Click here to enter text. |
| Click here to enter text.  **TOTAL** | | Click here to enter text. |
| 1. **SIGNATURES:** | | |
| **APPLICANT** |  | |
|  |  | |
| **HEAD OF DEPARTMENT** |  | |
|  | | |
| **DATE:** Click here to enter a date. | | |

***For official Use:***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE RECEIVED | |  | | | | | | |
| ALL FIELDS ARE COMPLETED | | | YES | |  | | NO |  |
| DATE OF MEETING | | |  | | | | | |
| FUNDING APPROVED | | | YES | |  | | NO |  |
| AMOUNT ALLOCATED | | | | | | | | |
| SIGNATURE | | | | | | | | |
| DIRECTOR: RESEARCH |  | | | DATE | |  | | |