



UNIVERSITY OF CAPE TOWN

Postdoctoral Research Fellows in 20...

FOR OFFICE
USE

1B

Note: Please complete this form in CAPITAL LETTERS using ink or ball point pen

| | | | |
|--|-------------|----|------------------------------------|
| Have you ever applied to or been registered at UCT before? | Tick Answer | | If YES, please enter fellow number |
| | Yes | No | |

SECTION A: PERSONAL DETAILS

| | | |
|--------------------------------|----------------|------------|
| Prefix: (e.g. Dr, Mr, Mrs, Ms) | Date of Birth: | DD/MM/YYYY |
| First Name: | | |
| Middle Name: | | |
| Last Name: | | |
| Preferred Name | | |

Last Name on Academic Transcripts (if different from above):

| |
|--|
| |
|--|

Please indicate your home language (i.e. English)

Marital Status: (Please tick appropriate box) Single Married Divorced Widowed

Gender: (Please tick the appropriate box) Female Male

Population Group: (Please tick appropriate box)

Black Coloured Chinese Indian Unknown White

SA ID number (for SA Citizens or SA Permanent Residents only):

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

SA Citizenship Status: (Please tick the appropriate box) Citizen Permanent Resident

Note: PLEASE ATTACH A CERTIFIED COPY OF THE FIRST PAGE OF YOUR SA ID DOCUMENT

If you are a citizen or permanent resident in a country other than SA; please provide details here:

| Country | Citizenship status, i.e. Citizen, Permanent Resident or Refugee | Passport # | Country Group i.e. SADC, NON-SADC, Rest of the world |
|---------|---|------------|--|
| | | | |
| | | | |
| | | | |

Note: PLEASE ATTACH CERTIFIED/NOTARISED PROOF OF THE ABOVE AS WELL AS YOUR PASSPORT AND VISA

Do you have any disability, physical or otherwise, that might require assistance: Yes No

If YES, please specify below

SECTION B: CONTACT DETAILS

| | Home(Street) Address <i>International applicants, please provide your address in your home country</i> | Term(Street) Address <i>Your address in Cape Town</i> | |
|-----------------|---|--|--------|
| Country: | | | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| Address Line 3: | | | |
| Address Line 4: | | | |
| City: | | | |
| Postal Code: | | | |
| Province/State: | | | |
| | Country Code (if not SA) | Area Code | Number |
| Landline Phone: | | | |
| Fax: | | | |
| Cell/Mobile: | | | |
| Email address | | | |

NEXT OF KIN'S CONTACT DETAILS

| | | | |
|-----------------|-----------------------------|-----------------|--|
| | Home(Street) Address | | |
| Country: | | Relationship | |
| Address Line 1: | | Landline Phone: | |
| Address Line 2: | | Fax: | |
| Address Line 3: | | Cell/Mobile: | |
| Address Line 4: | | Email address | |
| City: | | Name | |
| Postal Code: | | Surname | |
| Province/State: | | | |

SECTION C: QUALIFICATIONS

| | | | | |
|--|------------|--------------------------|-----------|--------------------------|
| Have you been awarded the doctoral degree? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--|------------|--------------------------|-----------|--------------------------|

If YES, please state the name of the University as well as the date obtained

| | |
|--------------------|---------------|
| Name of University | Date obtained |
| | |
| | |

If No (please provide proof of submission of thesis and provide the date when the degree will be conferred)

NOTE: If the doctoral degree is not passed within six months, from the first date of registration, the fellowship will be revoked

TITLE/FIELD OF POSTDOCTORAL RESEARCH PROPOSAL

SECTION D: APPLICATION FOR REGISTRATION

Postdoctoral Research Fellows are not registered for any qualification. They are, and need to be, recorded as members of the UCT community for the duration of the fellowship. Registered Postdoctoral Research Fellows are given a status that allows University privileges, e.g. access to libraries, sports clubs, parking, etc.

I hereby wish to apply for such status for the period set out below. This status may be withdrawn at the University's discretion. This status makes me subject to University rules during the period I hold the fellowship. It gives me membership of the University during this period.

DURATION OF THE FELLOWSHIP

| | | | |
|--------|------------|-----|------------|
| From : | DD/MM/YYYY | To: | DD/MM/YYYY |
|--------|------------|-----|------------|

| | | | |
|--------------------|-------|-----------|-------|
| Host Faculty: | _____ | | |
| Host Department: | _____ | | |
| Host Academic: | _____ | _____ | _____ |
| | Name | Signature | Date |
| Head of Host Dept: | _____ | _____ | _____ |
| | Name | Signature | Date |

*Annual renewal of a multi-year fellowship is permitted.

| | Access | Building | Library Generic | Library Specific | Laboratory Specific |
|------------|--------|--------------------------|--------------------------|--------------------------|--------------------------|
| YES | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION D: DECLARATION AND UNDERTAKINGS BY APPLICANT

- I declare that, to the best of my knowledge and belief, the above information is correct and that should the information be found to be incorrect or misleading, my application may be invalidated.
- I undertake to abide by the rules of the University.
- I hold myself responsible for the payment of charges due which were levied by myself and payable by me to the University for both the first and second terms of each year as prescribed by the University's Term of Payment. If I am in arrears, I will be liable for the interest at the rate of interest charged by the University's Bankers from time to time from due date of payment and will be liable for all costs of recovery, including fees charged by attorneys on the scale as between attorney and client and collection commission.
- I hereby waiver all claims against the University for any damage or loss suffered while I am, or as a consequence of my being, a Postdoctoral Research Fellow of the University and arising out of death, bodily injury, loss of health or illness suffered by me or any other person, and loss and destruction of, or damage to, any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the University or any official, employee or representative of the University. I, or my estate hereby indemnifies the University against any claim by any other person arising in any way as contemplated above or in respect of my own negligence or wilful acts or omissions.

Postdoc Fellow Name

Signature

Date