



The Chairperson
Scientific Advisory Panel of the PRF
C/O the National Institute for Communicable Diseases
Private Bag X4
Sandringham
2131

MSc BURSARY RENEWAL APPLICATION FORM

Closing Dates: 28 February and 15 September each year

Please note the following:

- Applicants that have obtained a minimum pass of 60% - please make sure you attach latest academic record
- Years of support: MSc = 2 years
- Preference will be given to South African citizens or individuals with permanent resident status
- The deadlines for submission of applications must strictly be adhered to. Applications must arrive at the NICD on or before the deadline date. No late applications will be considered
- Ensure that all sections of the form are completed and all requested information attached.
- Application forms must be typed. No hand written applications will be accepted. Please format the document carefully and number all pages
- **Very Important: Upon completion of the degree the PRF would like you to confirm that the student graduated as well as a list of publications**
- E mail complete and signed application to: prf@nicd.ac.za

GENERAL INFORMATION

Surname:

Name:

Title:

Race:

Gender:

Institution:

Work address (FULL postal address):

Institution name for relevant grant cheque:

Bank detail of relevant institution:

Telephone:

E-Mail:				
Qualifications:				
Present professional status:				
TITLE OF PROJECT				
GRANT NUMBER				
	YEAR OF PRF SUPPORT	1st	2nd	3rd
	YEAR OF STUDY	1st	2nd	3rd
PROJECT PROGRESS REPORT OF BURSARY RECIPIENT				
(Please include detailed report, listing the initial aims, what has been achieved, challenges and resolved and next phase/work planned.)				
BURSARY RECIPIENT'S PUBLICATION LIST AND PRESENTATIONS AT MEETINGS				
•				
SUPERVISOR				
VERY IMPORTANT: UPON COMPLETION OF THE DEGREE THE PRF WOULD LIKE YOU TO CONFIRM THAT THE STUDENT GRADUATED AS WELL AS A LIST OF PUBLICATIONS				
Supervisor name:				
Supervisor e-mail:				
Supervisors report and confirmation of support:				

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION ARE CORRECT AND THAT, IF I AM GIVEN A GRANT, I WILL ABIDE BY THE REGULATIONS GOVERNING THE AWARDING OF GRANTS

	Applicant	Supervisor
Print full name and surname		
Date		
Signature		

PRF NON-TECHNICAL REPORT BACK

Please do not change the format

Please forward the **word format** of this document.

No more than two pages allowed.

The Board of the Poliomyelitis Research Foundation (PRF) would greatly appreciate receiving your report back **BEFORE 28 FEBRUARY**. This report will be put into a publication which will be distributed to various stakeholders of the PRF.

Please note that the Chairman of the Board and a number of the other Trustees of the Foundation are not medically or scientifically qualified and **your report must please be worded in non-technical terms and easily understood and appreciated by those not in the field.**

Please submit your report within the following template (see format below) and return to PRF at prf@nicd.ac.za

Grant no:	
Surname & Initials:	
University/Institute:	
Degree:	
Title of research project:	
The aims of your project:	
Progress:	
Supervisor name:	
Supervisor comments:	

VERY IMPORTANT: UPON COMPLETION OF THE DEGREE THE PRF WOULD LIKE YOU TO CONFIRM THAT THE STUDENT GRADUATED AS WELL AS A LIST OF PUBLICATIONS