



UNDERGRADUATE RESEARCH PROJECT FUND APPLICATION FORM (URP-02-2020)

- (a) Before completing this form, applicants are expected to first read and understand the [regulations](#) of the Undergraduate Research Project Fund.
- (b) This application must be completed and submitted electronically.
- (c) There are 8 sections and 9 pages in this application form. Ensure that all sections of the form are completed. **NB: Applications that do not adhere to word count limitations may be rejected.**
- (d) In addition to this completed application form, the following supporting documents or copies of these documents should be attached to the application as appendices, **in PDF format**, marked as follows:
- Appendix A: Protocol synopsis** (a 2-page summary of your protocol)
- Appendix B: Proof of registration** for an undergraduate degree with the Faculty of Medicine and Health Sciences.
- Appendix C: Ethics approval letter** from the Health Research Ethics Committee (HREC) Office. Note: Applications can be submitted while HREC approval is still being sought, provided that students indicate their plan and estimated timeline for obtaining such. In such cases, payment of funds will be subject to confirmation of approval in the form of an HREC approval letter
- (e) All applicants are required to request electronic sign off from their primary supervisors *prior* to submitting their applications (section 8).
- (f) There are two calls for applications during the year, closing **1 April** and **1 November** annually, provided a call is officially announced.
- (g) If successful, applicants will be required to submit a progress report within 6 months of the date of award. Successful applicants may also be requested to make themselves and/or their group members available for a short video speaking about their *experience* of doing research, which may be posted on the Undergraduate Research Office website.

**UNDERGRADUATE RESEARCH PROJECT FUND
APPLICATION FORM (URP-02-2020)**

CHECKLIST & MOTIVATION

Name:	Student number:
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Please indicate that you have submitted all the required documentation together with this application:

Application requirements	Yes/No	If no, please explain
SIGNED application form		
Appendix A: Protocol synopsis		
Appendix B: Proof of registration		
Appendix C: Ethics approval letter		
Ethics approval reference number:		

Please save and submit this application form and all relevant attachments as ONE PDF DOCUMENT

<p>Please provide a motivation for <u>why you wish to receive support from the Undergraduate Research Project Fund</u> to conduct your research (maximum 300 words).</p> <p>This should include:</p> <ol style="list-style-type: none"> 1. a motivation for why you are requesting / in need of financial support, 2. a motivation regarding the value of conducting this particular research to justify the need for funding

SECTION 1: APPLICANT DETAILS

SURNAME		FIRST NAME	
DEGREE		STUDENT NUMBER	
YEAR OF REGISTRATION (e.g. 2 nd , 3 rd , 4 th)			
DIVISION / CENTRE			
DEPARTMENT			
GENDER (for reporting)			
RACE (for reporting)			
DISABILITY			
DATE OF BIRTH			
LANDLINE NUMBER:	CELL PHONE NUMBER:	E-MAIL ADDRESS:	
POSTAL ADDRESS			
SUPERVISORS' DETAILS			
PRIMARY SUPERVISOR'S NAME			
PRIMARY SUPERVISOR'S UT (SU) NUMBER			
PRIMARY SUPERVISOR'S DEPARTMENT:	PRIMARY SUPERVISOR'S EMAIL:	PRIMARY SUPERVISOR'S TELEPHONE:	
SECONDARY SUPERVISOR'S NAME			
SECONDARY SUPERVISOR'S UT (SU) NUMBER			
SECONDARY SUPERVISOR'S DEPARTMENT:	SECONDARY SUPERVISOR'S EMAIL:	SECONDARY SUPERVISOR'S TEL. NO.	
IS THIS APPLICATION BEING SUBMITTED ON BEHALF OF A STUDENT GROUP PROJECT? (if yes, please provide names and details of all other students in group in the "DETAILS OF RESEARCH TEAM/ COLLABORATORS" in Section 2 below)			

SECTION 2: OVERVIEW OF RESEARCH PROJECT

TITLE OF STUDY (<i>maximum of 200 characters; provide an abbreviated title if necessary</i>)			
HOW DOES THE RESEARCH STUDY FIT INTO YOUR DEGREE? (e.g. compulsory course component, elective, skripsi etc.)			
ANTICIPATED DURATION OF STUDY	FROM:		TO:
LOCATION OF STUDY			
TYPE OF RESEARCH STUDY (e.g. descriptive, experimental, observational)			
RESEARCH AREA: (check any/all relevant boxes):			
INFECTIOUS DISEASES (HIV, TB etc.)		MATERNAL & CHILD HEALTH	
MENTAL HEALTH & NEUROSCIENCES		VIOLENCE, INJURIES, TRAUMA & REHABILITATION	
NON-COMMUNICABLE DISEASES		HEALTH SYSTEMS STRENGTHENING	
OTHER (please name):			
DETAILS OF RESEARCH TEAM / COLLABORATORS (where applicable) (List any other students, staff or researchers involved in this project, as well as their role in the study)			
NAME	DEPARTMENT	UT / STUDENT NO.	ROLE ON PROJECT

SECTION 2 continued: OVERVIEW OF RESEARCH PROJECT

BRIEF SUMMARY OF THE PROPOSED STUDY (ABSTRACT) (*maximum 300 words*)

SECTION 3: DETAILS OF RESEARCH PROJECT

BACKGROUND AND RATIONALE FOR STUDY (*locate your research study within the body of existing research and motivate for why doing this particular study at this particular time, in this particular setting, is considered important in the context of previous research and identified gaps*). Citations can be included; there is space for a reference list in the relevant box below. (**maximum 200 words**)

AIMS & OBJECTIVES OF STUDY

SUMMARY OF RESEARCH METHODOLOGY (*include details about the research design and methods, study setting, sample / participants, data collection instruments & procedures, data analysis methods*) (**maximum 150 words**)

REFERENCES (*include only those cited in the sections above*)

SECTION 4: ETHICS APPROVAL

HAS ETHICS APPROVAL BEEN OBTAINED FOR THIS STUDY?			
IF NO, PLEASE PROVIDE DETAILS REGARDING DATE OF SUBMISSION (actual or proposed) OF APPLICATION TO HREC, and WHEN ETHICAL APPROVAL IS ANTICIPATED:			
<p>NOTE: ETHICS APPROVAL IS REQUIRED BEFORE FUNDING WILL BE DISBURSED. Successful awards will be provisional until a copy of the ethics approval letter from HREC is received. FAILURE TO SUBMIT PROOF OF ETHICS APPROVAL <u>WITHIN 3 MONTHS OF PROVISIONAL AWARD DATE</u> WILL RESULT IN CANCELLATION OF THE AWARD</p>			
IF YES, PLEASE PROVIDE DETAILS BELOW:			
HREC REFERENCE NUMBER			
DATE APPLICATION APPROVED		APPROVAL EXPIRY DATE	
<p>PLEASE ENSURE THAT THE HREC APPROVAL LETTER IS ATTACHED AS AN APPENDIX TO THIS APPLICATION</p>			

SECTION 5: DISSEMINATION PLAN

HOW DO YOU PLAN TO DISSEMINATE THE RESULTS OF YOUR RESEARCH? (check <i>all</i> that apply and provide details where applicable. Be as specific as possible – e.g. which conference, which journal)		
DISSEMINATION THROUGH:		DETAILS – please provide explanations (e.g. specify which conference, which journal etc.)
PRESENT FINDINGS AT DEPARTMENTAL RESEARCH DAY		
PRESENT FINDINGS AT FMHS STUDENT RESEARCH DAY		
PRESENT FINDINGS AT NATIONAL OR INTERNATIONAL CONFERENCE		
PUBLISH PAPER		
CIRCULATE REPORT / POST REPORT ON DEPARTMENTAL WEBSITE		
OTHER (please provide details)		
DO YOU PLAN TO FEEDBACK RESULTS TO YOUR STUDY PARTICIPANTS / SITE?		
IF YES, PLEASE PROVIDE DETAILS IF NO, PLEASE EXPLAIN WHY THIS WILL NOT BE POSSIBLE		

SECTION 6: PROPOSED BUDGET

OUTLINE THE RESEARCH-RELATED EXPENSES FOR WHICH YOU ARE REQUESTING SUPPORT FROM THE UNDERGRADUATE RESEARCH PROJECT FUND

Notes:

i) This budget should not exceed R5000, the maximum award made by the Undergraduate Research Project Fund

ii) Allowable expenses covered by this award: consumables & printing, field work costs, minor equipment, payment of participants where relevant

iii) Non-allowable expenses not covered by this award: remuneration/salaries, student fees, conferences

EXPENSE DESCRIPTION	AMOUNT REQUESTED (R)
1. OPERATING BUDGET	
1.1. CONSUMABLE EXPENSES	
1.2. TRAVEL EXPENSES	
1.3. OTHER RUNNING EXPENSES	
SUBTOTAL OPERATING BUDGET	
2. EQUIPMENT BUDGET (excludes laptops and other computer hardware)	
SUBTOTAL EQUIPMENT BUDGET	
GRAND TOTAL	

<p>BRIEF BUDGET MOTIVATION</p> <p>Provide a brief motivation for each of the expenses you have included above and link these clearly to your research outline</p>

SECTION 7: APPLICANT DECLARATION

DECLARATION	<p>I, the applicant, declare that the information provided above is correct and that, if the Undergraduate Research Project Fund makes an award, I will comply with the conditions of such an award. I undertake to comply with Stellenbosch University’s policies regarding responsible research conduct. I further undertake to submit a progress report to the Undergraduate Research Project Fund manager within 6 months of receiving this award, and will disseminate results of this research in the ways stipulated in section 7 above.</p> <p><input type="checkbox"/> I agree</p>		
APPLICANT SIGNATURE		DATE	

SECTION 8: DEPARTMENTAL SUPPORT (to be completed by supervisor)

PRIMARY SUPERVISOR NAME					
AS PRIMARY SUPERVISOR OF THE STUDENT APPLICANT, ARE YOU IN SUPPORT OF THE ABOVE APPLICATION? (please check one)	STRONGLY SUPPORTED		SUPPORTED		NOT SUPPORTED
PLEASE PROVIDE A BRIEF MOTIVATION FOR YOUR DECISION					
<p style="color: red;">Please note that supervisors will be requested to facilitate the payment of this award into an existing or new <u>research (K) cost point</u> (please provide cost point below)</p>					
Departmental K cost point into which funds should be paid:					
PRIMARY SUPERVISOR SIGNATURE				DATE	