	STELLENBOSCH UNIVERSITY	
	FACULTY OF MEDICINE AND HEALTH SCIENCES	

UNDERGRADUATE and HONOURS RESEARCH
PROJECT FUND APPLICATION FORM (URP-02-2022)

(a) Before completing this form, applicants are expected to first read and understand the regulations of the Undergraduate and Honours 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 or honours degree with the Faculty of Medicine and Health Sciences.

Appendix C: **Ethics approval letter** from one of the SU Research Ethics Committees (HREC, UREC, REC:SBE, REC:ACU, REC:BEE). Note: Applications can be submitted while REC 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 REC 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.

CHECKLIST & MOTIVATION

Name:	Preferred pronoun Name Surname		Student number:	

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

Please provide a **motivation** for why you wish to receive support from the Undergraduate and Honours Research Project Fund to conduct your research (**maximum 300 words**).
This should include:
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. 2nd, 3rd, 4th)			
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 *(maximum of 200 characters; provide an abbreviated title if necessary)*			

HOW DOES THE RESEARCH STUDY FIT INTO YOUR DEGREE? (e.g. compulsory course component, elective, skripsie 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

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 300 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 THE RELEVANT SU REC, and WHEN ETHICAL APPROVAL IS ANTICIPATED:

NOTE: ETHICS APPROVAL IS REQUIRED BEFORE FUNDING WILL BE DISBURSED. Successful awards will be <u>provisional</u> until a copy of the ethics approval letter from the REC is received. FAILURE TO SUBMIT PROOF OF ETHICS APPROVAL <u>WITHIN 3 MONTHS</u> OF PROVISIONAL AWARD DATE WILL RESULT IN CANCELLATION OF THE AWARD

<u>IF YES</u>, PLEASE PROVIDE DETAILS BELOW:		
REC REFERENCE NUMBER		
DATE APPLICATION APPROVED		**APPROVAL EXPIRY DATE**	
PLEASE ENSURE THAT THE REC APPROVAL LETTER IS ATTACHED AS AN APPENDIX TO THIS APPLICATION			

SECTION 5: DISSEMINATION PLAN

HOW DO YOU PLAN TO DISSEMINATE THE RESULTS OF YOUR RESEARCH? *(check <u>all</u> 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 ANNUAL ACADEMIC 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 and HONOURS RESEARCH PROJECT FUND

Notes:
i)   This budget should not exceed R5000 for undergraduate applications and R30,000 for honours applications
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	

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

SECTION 7: APPLICANT DECLARATION

DECLARATION	I, the applicant, declare that the information provided above is correct and that, if the Undergraduate and Honours 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 and Honours 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. ☐ I agree		
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						
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)						
Departmental K cost point into which funds should be paid:						
PRIMARY SUPERVISOR SIGNATURE				**DATE**		