# Application form/Individual Discovery Foundation Awards for Healthcare in rural and undeserved areas



#### (CLOSING DATE: 15 JANUARY 2025) Full name of applicant: Title: Surname: First names: Current position: Gender: Male Female Race: African Coloured Indian White ID number: Institution: Unit/Department: Contact details: Email: Fax: Telephone: Cellphone: Physical address: Postal address:

If research is proposed, provide full name of supervisor:					
Title:					
Surname:	First name:				
Contact details of supervisor:					
Email:	Fax:				
Telephone:	Cellphone:				
Physical address:	Postal address:				

Award applying for:					
Family Medicine Registrars Senior Rural Doctors		Family Medicine Specialists			
If research is proposed, provide title of research topic:					

Institution of supervisor:

Institution:

Budget template for rural registrar o	category:	
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**Important notice:** Please complete the application form in full. An incomplete application form may result in disqualification. Failure to adhere to the page and word-count limit may also result in disqualification. Anything other than the requested documents will not be considered.

Category	Cost per unit	No. of units	Total cost	Motivation	Additional funding amounts	Source of funding	Comments
1. Personel for	research su	pport					
Research assistant							
Biostatistician**							
Transcription/ translation							
Editing							
2. Travel and a	ccommodati	on					'
Flights							
Car hire							
Accomodation							
4. Administrati	ve equipme	nt and co	onsumables**				
Software							
Hardware							
Printing							
Stationery							
Data/airtime							
5. Clinical/labo	ratory/Phar	maceuti	cal equipment	and consumables			
Clinical equipment							
Lab equipment							
6. Disseminatio	on of researd	:h				·	
Printing of research <sup>*</sup>							
Conference attendance**							
7. Other specif	у			·			·
TOTAL							

\*\*Conference attendance to be directly related to research, a motivation is required, together with the details of the conference to be attended \*Any publishing should be motivated

#### What is not covered

MMED fees

#### Budget template for senior rural doctors award Cost per No. of Additional Source of Category Total cost Motivation Comments unit units funding amounts funding 1. Salary compensaton Salary compensation 2. Travel and accommodation Flights Car hire Accomodation 3. Confererence fees\* 4. Other specify TOTAL

### Limitations of budget

\*Conference attendance to be directly related to your area of work, a motivation is required, together with the details of the conference to be attended

## What is not covered

1. Tuition fees

2. Duplication of salary expenses

3. Overtime salary

#### Supporting documents required:

1. Sabbatical - evidence of approval of sabbatical time by employer

2. Locums – supporting document to enable locum appointment

3. Invitation or agreement from the sabbatical host

Expected date of completion:

# Attach the following documents:

A copy of the applicant's ID

A 2 – 3 page CV, Complete budget template

Registrars applying for an award should provide a letter of support from their academic institution

A letter of support from the associated academic institution (for sabbatical leave applications)

Complete budget template

Two reference letters from recent or current seniors familiar with the applicant's work

Research outline (introduction; objectives; method – max 300 words)

Short motivation for application (max 300 words)

Details on any planned study overseas (max 300 words)

Letter of acceptance from the overseas institution (if the award includes overseas study)

Ethics approval for research involving human subjects

Proof of co-funding if the budget is more than the amount available for the award

For MMed applications: Letter from the Dean of the Academic Institution detailing the 5 - 8 applications submitted.

Email completed application forms and supporting documents to discoveryfoundation@tshikululu.org.za