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**DIRECTORATE OF RESEARCH AND INNOVATION**

**Research Grant Proposal writing workshop**

**19 April 2024**

**REGISTRATION FORM**

*(To be submitted on or before* ***11 April 2024*** *by email to* *Sinah.Sekhula@univen.ac.za**)*

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Initials |  |
| Full Names |  |
| Gender |  |
| Highest qualification |  |
| Area of specialisation |  |
| Nationality |  |
| Staff number |  |
| ID/passport number |  |
| Type of employment (Permanent/contract) |  |
| If contract (expiry date) |  |
| Faculty |  |
| Department |  |
| Email |  |
| Office telephone |  |
| Cell phone number |  |

**Undertaking:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

I undertake to attend the Research Grant Proposal writing workshop and submit a grant proposal in the 2024 academic year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

I need transport to the workshop venue.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of HOD/ Line Manager/Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of HOD/ Line Manager/Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_