

Call for Applications: Postgraduate Research Training Grant Health Sciences Faculty Research Committee (FRC)

Submission deadline 23 June 2025

The Faculty Research Committee (FRC) has committed a budget to strategic research support awards to assist postgraduate research related projects. The intention of this award is to assist Principal Investigators to support a postgraduate related research project(s) with the vision to help fulfil the successful completion of both the project(s) and the postgraduate degree(s).

Award information: Award type: Research Training Grant to assist completion of a postgraduate student research related project(s).

Value and allowable costs:

- A maximum award of R30 000 per application towards research costs.
- Research costs requested may include research consumables, other research related expenses and a contribution to the postgraduate student's stipend.

Eligibility:

Application for the funding must be made by the Principal Investigator (academic or research staff member in the Faculty of Health Sciences) who is the supervisor of the postgraduate student(s) (including any postgraduate degree involving a research component – Honours, MSc, PhD, MMed, etc) conducting the relevant research project(s). Principal Investigators can apply for funds to support multiple students' projects in one application but are limited to one application per Principal Investigator.

Applications will be reviewed by a subcommittee of the FRC.

Criteria for selection:

- Awards will be made on a competitive basis.
- The main criterion is financial need such that the award will allow promising students to successfully accomplish their research projects towards their degree.
- The applicant must provide a strong motivation as to why additional research related funding (additional expenses not anticipated at the start of the project) is needed to successfully complete the project(s).
- The applicant must provide a clear breakdown of the proposed expenditure of the grant in the budget section of the application.
- In the case of requests for a stipend contribution for the postgraduate student, a clear justification as to why the student has been unable to obtain sufficient funding for 2025 must be provided.
- Students must be registered in the Faculty of Health Sciences or for a degree that has a Health Sciences Faculty Departmental Course code.

How payment is made:

Payment will be made into the Principal Investigator's fund.

Report:

A brief report of the activities supported by the award and a financial report needs to be submitted to the Faculty Research Committee by 28 June 2026.

How to apply:

Applications should be submitted on the template provided on the next page. Send complete applications signed by both the Principal Investigator (Supervisor) and the Head of Department to precious.nobongoza@uct.ac.za

Please note that supervisors (not postgraduate students) must liaise directly with the Faculty Research Office precious.nobongoza@uct.ac.za) if there are any queries on this award.

Application form: please see next page



APPLICATION FOR RESEARCH TRAINING GRANT

FOR POSTGRADUATE RESEARCH RELATED PROJECTS

Submission deadline 23 June 2025

Details of the supervisor

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NAME, SURNA	ME						
Department & Division/Group							
Email address							
Phone number							
Number of postgraduate students							
currently supervised and degrees for							
which they are registered (i.e. not only							
the students linked to this application)							
Title of the rese	earch proj	ect(s) fo	r which				
funding is appli	funding is applied for						
Details of postgr		·				_	_
Name, Surname	Gender	Race	Student number	Degree registered for	Year of 1 st registration	Expected completion	Value of bursaries/sti pend received in 2025*
Funding details					oe made for stiper	nd contribution	
Total amount o	f funding	request	ed	R			
Breakdown of co	ests in fund	ding req	uest:				

Motivation for requested funding (max	500 words):	
Name of Supervisor:		
Signature of Supervisor:	Date:	
Motivation from the Head of Departme	ent (HOD)	
Name of HOD:		
Signature of HOD:	Date:	