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| **CSIR PHOTONICS CENTRE / DSI**  **ALC KNOWLEDGE EXCHANGE PROGRAM**  **APPLICATION**  **2025 APPLICATION FORM**  How to complete this template:   1. Complete all sections as comprehensively as possible. 2. Do not change any of the formatting of the tables in this template. 3. If necessary, tables and figures can be inserted in the text blocks. 4. Final proposals needs to be signed and scanned as pdf documents. 5. The CSIR require a Microsoft Word version as well as a scanned pdf version of the proposal.   Please submit documents as per point 5 above by return email to [nlcrentalpool@csir.co.za](mailto:nlcrentalpool@csir.co.za) and to [tiduplooy@csir.co.za](mailto:tiduplooy@csir.co.za) by 18 October 2024 |
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| **PROPOSAL TITLE:** |
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| --- | --- |
| **Period of Support:** |  |
| **Date of this Application** |  |

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| **APPLICANT RESEARCHER DETAILS:**  Please include a CV in Appendix G-2. | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Home Country |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |

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| **HOST RESEACHER DETAILS:**  Please include a CV in Appendix G-2. | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Citizenship |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |
|  | |  | |  |  |
| **NOMINATED STUDENT DETAILS:**  Please include a CV in Appendix G-2. | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Citizenship |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | Fax |  |
| Field of Research | |  | | e-mail |  |
| Highest Qualification | |  | | | |
| Confirm student registration status | |  | | | |

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| **Student Full Tertiary Academic Record** | | |
| Name of the University/Institute | Degree Awarded (Subjects studied) | Year |
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**\*- Please forward a certified copy of your academic record with your application. Applications without full academic record will be disqualified**

1. **Information From Applicant’s Home Research Group**

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| **THE APPLICANT RESEARCH GROUP:** |
| **Description of the applicant’s research focus and list major research infrastructure and equipment available at your institution to support this research focus** |
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| **List 5 of your highest impact and/or most recent publications:** |
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| --- |
| **OTHER OUTPUTS**  Patents (Names, Creator. Patent title. Patent number, and year of filing), technology transfer, popular articles, technical highlights etc: |
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1. **Information From Host Research Group**

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| **THE HOST RESEARCH GROUP:** |
| **Description of the host’s research focus and list major research infrastructure and equipment available at your institution to support this research focus** |
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| **List 5 of your highest impact and most recent publications:** |
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| **Other Outputs:**  Patents (Names, Creator. Patent title. Patent number, and year of filing), technology transfer, popular articles, technical highlights etc: |
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1. **Project Details**

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| **ABSTRACT:**  Briefly summarise the proposed Knowledge Exchange project and proposed training. |
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| **OBJECTIVES:**  List the main objectives of the project and training. |
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| **PROJECT OVERVIEW:**  Give a detailed overview of the structure of the Knowledge Exchange project, including technical and training aspects. Please list test and evaluation milestones that will be incorporated in this project. List planned experimental set-ups and equipment available to support this project. Please include diagrams where appropriate. |
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| **MOTIVATION FOR SUPPORT:**  Motivate why the nominated student is the best suited for this Knowledge Exchange Project, why the visit is necessary, and why the host is the ideal laboratory for the training. |
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1. **Expected Impact, Benefits and Outputs**

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| **BENIFICIARIES and IMPACT:**  Describe how this project will benefit and impact both groups involved in this project. Specifically expand on what new skills and competencies will be available at the applicant’s research group at the completion of the project. |
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| **SCIENTIFIC OUTPUTS:**  List all expected scientific outputs from this project and indicate any expected scientific impact |
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1. **FINANCIAL DETAIL – PROVIDE DETAILED BUDGET**

Support from the ALC can only be considered if complete details on the project funding sources are made available. The financial contribution from the Applicant’s Institution should be provided in detail. **The maximum ALC GRANT allocation will be R60 000.**

**Total budget**

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| --- | --- |
|  | **Total** |
| Requested from ALC |  |
| Requested from other sources (specify source) |  |
| Direct financial contribution from the applicant’s institution[[1]](#footnote-1) |  |
| **Total Project Budget** |  |

**Budget breakdown**

|  |  |  |  |  |  |
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| **Item** | **Name of participant (researcher / student)** | **Date and number of days[[2]](#footnote-2)** | **Amount[[3]](#footnote-3)** | **Requested from ALC** | **Requested from other sources** |
| **S&T**  (As per the guideline) |  |  |  |  |  |
| **Accommodation** Maximum R7000p/m (trip  > 2 weeks) or maximum  R1000 p/d (trip< 2 weeks) |  |  |  |  |  |
| **Mobility**  (Only 2 trips p/a per researcher  or student) |  |  |  |  |  |
| **Consumables** (max R50k)[[4]](#footnote-4) |  |  |  |  |  |
| **Total** |  |  |  |  |  |

**F. Approvals**

**F-1 APPLICANTS**

I declare that the information supplied is correct and complete

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| --- | --- | --- |
| **Applicant Name** | **Applicant Signature** | **Date** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Nominated Student Name** | **Student Signature** | **Date** |
|  |  |  |

**APPROVAL BY DESIGNATED AUTHORITY/RESEARCH ADMINISTRATION or Equivalent Executive at the APPLICANT’S INSTITUTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | Telephone |  |
| Surname | |  | | Fax |  |
| Department | |  | | Mobile |  |
| Institution | |  | | e-mail |  |
| Designated Authority Signature | | | | | Date |
|  | | | | |  |

**F-2 HOST**

I declare that the information supplied is correct and complete

|  |  |  |
| --- | --- | --- |
| Host Name | Host Signature | Date |
|  |  |  |

**APPROVAL BY DESIGNATED AUTHORITY/RESEARCH ADMINISTRATION or Equivalent Executive at the HOST INSTITUTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Initials |  | Telephone |  |
| Surname | |  | | Fax |  |
| Department | |  | | Mobile |  |
| Institution | |  | | e-mail |  |
| Designated Authority Signature | | | | | Date |
|  | | | | |  |

**G. Appendices**

**G-1.**  **CV of APPLICANT**

Please note that no applications will be considered unless CVs of the Investigators are attached.

**G-2.**  **CV of NOMINATED STUDENT**

Please note the CV needs to include a full academic transcript for the student

**G-3.**  **CV of HOST**

Please note that no applications will be considered unless CVs of the Investigators are attached.

**Please scan as a pdf** **and to submit by return email to** [**nlcrentalpool@csir.co.za**](mailto:nlcrentalpool@csir.co.za) **and to** **tiduplooy@csir.co.za**

1. Projects without tangible co-investment from either the applicant or host will not be considered for funding support. It is a requirement that one of the institutions covers at least one of the three items associated with the mobility of the student. [↑](#footnote-ref-1)
2. KEP visits should be a minimum of 3 months, and a maximum of 6 months. [↑](#footnote-ref-2)
3. Please provide a rationale on this amount was calculated. S&T is limited to R 250 per day [↑](#footnote-ref-3)
4. It is recommended that quotations are submitted with the application to support the budget requested [↑](#footnote-ref-4)