

**RESEARCH (DOCTORATE [PhD] AND MASTERS) BURSARY PROGRAMME
(2024/25 ACADEMIC YEAR) BURSARY APPLICATION FORM**

A. PERSONAL DETAILS

TITLE		IDENTITY NUMBER	
INITIALS	RACE	MALE	FEMALE
SURNAME			
FIRST NAMES (FULL)			

DATE OF BIRTH (d:m:y)	AGE
POSTAL ADDRESS	PHYSICAL ADDRESS
POSTAL CODE	POSTAL CODE
MUNICIPALITY	MUNICIPALITY
PROVINCE	PROVINCE

HOME TELEPHONE NUMBER	AREA CODE	NUMBER
FAX NUMBER	AREA CODE	NUMBER
APPLICANT CELL NUMBER	ALTERNATIVE CELL NUMBER	
E-MAIL ADDRESS		
EMERGENCY CONTACT	NAME	NUMBER

PLACE OF BIRTH	
SA CITIZEN	Yes <input type="checkbox"/> OR Permanent Resident Yes <input type="checkbox"/>
MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
DO YOU SUFFER FROM ANY CHRONIC ILLNESS OR PHYSICAL HANDICAP?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please give details	
HAVE YOU BEEN CONVICTED OF ANY CRIME?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please give details	

B. STUDY DETAILS

INSTITUTION	
CAMPUS	
STUDENT NUMBER	
STUDY COURSE/ DESCRIPTION OF QUALIFICATION	MASTERS <input type="checkbox"/> PHD <input type="checkbox"/>
YEAR OF STUDY	
DISCIPLINE (E.G. FOOD TECHNOLOGY, MICROBIOLOGY)	
COMMENCEMENT DATE	
PROJECTED COMPLETION DATE	

C. RESEARCH PROGRAMME (RESEARCH PROPOSAL MUST BE APPROVED)

TITLE OF RESEARCH STUDY				
SUPERVISOR DETAILS	Name:			
	Telephone:			
	Email:			
INDICATE REGISTRATION PERIOD FOR CURRENT YEAR OF FUNDING	Start date		End date	
PROVIDE EVIDENCE THAT THE RESEARCH PROPOSAL IS APPROVED				
IS THIS APPLICATION FOR FUNDING A NEW APPLICATION OR AN APPLICATION FOR SUBSEQUENT FUNDING	New		Sub-sequent Funding	

D. SUMMARY OF RESEARCH

PROPOSED TITLE OF THESIS	
KEY QUESTION/S TO BE RESEARCHED	
AIM OF THE RESEARCH TOPIC	

OBJECTIVES OF THE RESEARCH TOPIC		
HOW DOES THE RESEARCH TOPIC ADDRESS SCARCE SKILLS AND PRIORITIES IN THE FOOD AND MANUFACTURING SECTOR?		
PROVIDE DETAILS OF THE EXPECTED OUTPUTS OF THE RESEARCH FOR THE CURRENT FUNDED YEAR		
SUMMARY OUTLINE OF RESEARCH PLANNED FOR THE CURRENT YEAR	METHODOLOGY	
	ACTIVITIES FOR THE YEAR FOR WHICH FUNDING IS REQUESTED	

E. CHECKLIST FOR SUBMISSION OF SUPPORTING DOCUMENTS

Your application must be accompanied by the following documentation.

Kindly ensure that all supporting documents are included with your Application Form

PhD document checklist

Document	Check
Proof of registration for the 2024 academic year or proof of acceptance for the 2025 academic year.	
A copy of the student's certified ID (not older than 6 months)	
Research topics (proposal) endorsed by the supervisors (relevant and responsive to the food and beverages manufacturing value chain)	
Signed declaration	
The university's Tax Clearance Certificate	

Masters document checklist

Document	Check
Proof of registration for the 2024 academic year	
A copy of the student's certified ID (not older than 6 months)	
A research topic (proposal) endorsed by the supervisor	
Signed declaration	
The university's Tax Clearance Certificate	

F. DECLARATION OF AUTHENTICITY

I declare that the information supplied in this application is to the best of my knowledge true and correct. I understand that any false information will automatically disqualify me from obtaining any funding and could further lead to me being charged in a Court of Law for fraudulently receiving funding.

Signature applicant

Signature approving supervisor

The funding window will close on the **04 October 2024**

NB: FoodBev SETA reserves the right to cancel the grant funding as a whole or partially at its discretion. Grant funding will be limited to the availability of funds.

All applications must reach FoodBev SETA on or before the closing date. For more information about this bursary please contact Collin Mshayisa on 011 253 7322 or Mondli Makhubu on 011 253 7343 or email: ResearchBursaries@FoodBev.co.za .

APPLICATION FORMS AND SUPPORTING DOCUMENTS CAN BE EMAILED TO:

Email: ResearchBursaries@FoodBev.co.za