

**UNIVERSITY OF KWAZULU-NATAL**

# APPLICATION FOR

# RESEARCH DEVELOPMENT EQUIPMENT

**Application Procedure**

|  |
| --- |
| **Applicant** |

For recommendation

Closing Date:

|  |
| --- |
| **Head of School/Division** |

For recommendation

Closing Date:

|  |
| --- |
| **Faculty Research Committee** |

For recommendation

Closing Date:

|  |
| --- |
| **University Research Committee** |

For approval

**RDE COMMITTEE**

For noting

**SECTION A: Personal Details of Applicant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |  | Initials: |  | Surname: |  |
| School/Centre: |  | Faculty: |  | Campus: |  |
| Nature of appointment: | Permanent |  | Contract |  |
| If on contract, date of termination: |  |
| Telephone No.: |  | E-Mail Address: |  |

**SECTION B: Details of Equipment Requested**

 (Where possible a quotation for all equipment should be attached)

Please indicate VAT, import surcharges, shipping, transport, assembly and other indirect costs as separate items. If the cost of this equipment does not include these items in the quoted price, see paragraph C: **include** additional costs for installation of equipment or any other costs, e.g. air-conditioning.

|  |  |  |
| --- | --- | --- |
| Indicate the category under which you are applying for support | Equipment for established researchers | Research capacity development initiative equipment |

|  |  |  |
| --- | --- | --- |
| **Name of Item** | **Description** | **Cost in Rand (including VAT)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## SECTION C: Use and Management of the RDE

An estimate of the percentage usage of the items of equipment devoted to Research (including Research by Masters & Doctoral students), as opposed to equipment used for teaching (including under-graduate, Honours and other course work degrees) or service.

|  |
| --- |
|  |
|  1 (a) **Has an application for this equipment been submitted previously:** **Yes** **No**   If yes, state year in which application was made: |
|  (b) | **Indicate whether similar or identical equipment is available in the School or elsewhere in the University, and if so, the reasons why additional equipment is required or why existing equipment elsewhere is not suitable or cannot be utilised**: |
|  |

|  |
| --- |
| **2.When was the last time you were awarded an equipment grant and what were the outputs:** |
|  |
| **3. Indicate how the equipment will be used to support postgraduate research including academically young staff, and postgraduate students** |
| **4. How widely will the equipment be used, i.e. what will the multi-user benefits be?** |
| **5. What would be the anticipated research output arising from the use of this equipment?** |
| **6. Describe the appropriateness of the research to research priorities and focus in the School, Faculty and University.** |
| **7. Comment on the effective sustainable use of the equipment** |

### **SECTION D: Future financial implications**

|  |
| --- |
| **Indicate whether it will be necessary to regularly service the equipment and if so, whether this requires the services of an external agency and the cost thereof. If the service is to be provided by the University, indicate by which School or Division:** |
|  |
| **If the application is successful, is there possible commercial use of the Yes No** **equipment**  |
| **If yes, what is the Rand projected income which could accrue per annum?** | **R** |

## SECTION E: Other financial support awarded, applied for or envisaged in respect of this application

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Approved |  | **Applied for** |  | **Envisaged** |  |
| Source of Support: |
|  |
| Amount of Support | R |
| If outcome of application is not yet known, state when a decision is anticipated |
|  |

## SECTION F:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **If a proportional grant were to be reserved, state whether it would be possible to raise the balance from another source.** | **YES** | **NO** |
|  | **If the answer to (i) is in the affirmative, what would be considered to be the absolute minimum amount required:** |  R |

**SECTION G**: To be completed for applications by established researchers

|  |  |
| --- | --- |
| (i) | Do you currently have a an NRF rating, and if yes indicate the rating and expiry date  |
| YES | NO | RATING: | Expiry date of rating |
| (ii) | Provide details of your research output over the last three years:  |
| (iii) | Provide information on capacity development/mentorship initiatives within your School in this area of research. Give details on your involvement:  |

SECTION H: To be completed for research capacity development initiative equipment

|  |  |  |
| --- | --- | --- |
| (i) | Date of appointment of applicant |  |
| (ii) | Date of completion of Doctoral degree |  |

## SECTION I: Additional information that may assist the Committee in arriving at a decision

 (If the space provided is insufficient, attach a separate sheet)

|  |
| --- |
|  |

|  |
| --- |
| **Please ensure that section H (for computer equipment) or section I (for audio visual equipment) is completed by the relevant Head of Division before this application is submitted to the Research Office.** |

**SECTION J: For Computer Equipment**

**Comments and signature of the Head of the Information and Communication Technology [ICT] Division.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF HEAD OF ICT DATE**

**SECTION K: For Audio Visual Equipment**

**Comments and signature of the Head of the Audio Visual Centre**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF HEAD OF AUDIO VISUAL DATE**

SECTION L: This section must be completed by the Head of the School of the Applicant or the Dean when the applicant is the Head of School BEFORE submission to the Chair of the Faculty Research Committee

Comment on the availability of space, technical support and other infrastructure requirements, and an assessment of whether the equipment will be used optimally.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| SIGNATURE OF HOS/DEAN |   | DATE |

|  |  |  |
| --- | --- | --- |
| SIGNATURE OF APPLICANT |  | DATE |