



**RESEARCH (DOCTORATE [PhD] AND MASTERS) BURSARY PROGRAMME
(2022/23 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 ⑩ NO ⑩ |
| If yes, please give details | | |

B. STUDY DETAILS

| | |
|--|-----------------|
| INSTITUTION | |
| CAMPUS | |
| STUDENT NUMBER | |
| STUDY COURSE/ DESCRIPTION OF QUALIFICATION | MASTERS ⑩ PHD ⑩ |
| 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 | |
| HAVE YOU BEEN A RECIPIENT OF A FOODBEV SETA BURSARY BEFORE | | | | |
| ANY FUNDING WAS PROVIDED FOR THIS RESEARCH BEFORE, PLEASE COMPLETE THE PROGRESS REPORT AND ATTACH | Indicate the years in which funding was received | | Indicate total amount received thus far | |

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 2023 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 2023 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 professor

The funding window will close on the **17th February 2023**

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

