

**2020 New**

**APPLICATION/RECOMMENDATION FOR APPOINTMENT AS** **RESEARCH ASSOCIATE *OR* PROFESSIONAL ASSOCIATE**

# Section A

**(TO BE COMPLETED BY APPLICANT)**

PERSONAL DETAILS OF PROPOSED RESEARCH/PROFESSIONAL ASSOCIATE

|  |  |  |
| --- | --- | --- |
| TITLE | SURNAME | FIRST NAMES |
|  |  |  |
|  |  |  |
| Home Address | TELEPHONE NUMBERS |  |
|  | Home: | Cell: |
|  | Work: |  |
|  | Fax: |  |
| Code: | E-mail: |  |

In the case of a Professional Associate, kindly indicate the following:

|  |  |  |
| --- | --- | --- |
| **Is registration required with a Professional Body (e.g. Health Professions Council of SA, Engineering Council of SA etc.)** | **YES** | **NO** |
|  |  |
| **If *YES* kindly supply registration number** |  |
| **Is registration current?** | **YES** | **NO** |
|  |  |

***DATE………………………………… SIGNATURE …............................................................***

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| --- |
| 1)***Checklist of documents to accompany this application*** |
| * **Full CV**
 |  |
| * **Biographical details form (obtainable from RSM)**
 |  |
| * **Original Certified copies of qualifications**
 |  |
| * **Original Certified copy of identity document or passport (as applicable to specific individual)**
 |  |

2) KINDLY SUBMIT THIS FORM AND ORIGINALLY SIGNED SUPPORTING DOCUMENTS TO THE HEAD OF DEPARTMENT or Nelson Mandela University contact person

# Section B

## (To be completed by the relevant academic leader/manager)

Institute for Coastal and Marine Research DVC: Research, Innovation

(CMR) and Internationalisation (DVC: RII)

.............................................................. ....................................................... NAME OF DEPARTMENT/UNIT/ENTITY FACULTY

KINDLY INDICATE WHETHER THE PROPOSED APPOINTEE IS TO BE CONSIDERED FOR STATUS AS A:

|  |  |
| --- | --- |
| NEW EXTERNAL RESEARCH ASSOCIATE**\*** |  |
| NEW EXTERNALPRACTITIONER/PROFESSIONAL ASSOCIATE**\*\*** |  |
| DUAL ROLE: PROFESSIONAL & RESEARCHER**\*\*\*** |  |
| EX-NMU STAFF MEMBER(this includes staff exiting the NMU)* either due to resignation, or
* retirement but are not full professors at their retirement)
 |  |

***N.B. Committee recommendations:***

***\*FREC for Research Associates;***

***\*\*FTLC: Professional Associates; and***

***\*\*\*In the case of a nominee considered for dual roles, the dominant role will determine the committee to make the final decision.* However, there would need to be consultation between the Chairpersons of FREC and FTLC.**

Kindly indicate the following:

|  |  |
| --- | --- |
| **i. Nominee’s disciplinary field (e.g. physics, public medicine, organic chemistry, sociology etc.)** |  |
| **ii. Nominee’s research focus area/ professional specialisation (e.g. fibre optics, epidemiology, polymer synthesis, medical/clinical sociology etc.)** |  |
| **iii. Kindly elaborate on nominee’s role within the nominating academic or research unit** |  |
| **iv. Will involvement qualify nominee for CPD points? If *YES,* kindly indicate who will take responsibility for this?** |  |
| **Any additional comments** |  |

***RECOMMENDATION: HEAD OF DEPARTMENT/DIRECTOR CMR***

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***RECOMMENDATION: DIRECTOR OF SCHOOL/EXECUTIVE DEAN***

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NAME (Please Print) SIGNATURE

....................................

***DATE***

3) SUBMIT FORM AND SUPPORTING DOCUMENTS TO THE FREC/FTLC FOR CONSIDERATION

***Section C***

## (To be completed by FREC/FTLC Secretary)

*RECOMMENDATION: \*FREC) (Research Associate Appointment)*

|  |  |
| --- | --- |
| **APPROVED** |  |
| **NOT APPROVED** |  |

N.B. Please specify in FREC minutes the start date of the appointment and end date (if less than the period provided for by the policy.

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***NAME SIGNATURE***

…………………………….

***DATE***

*RECOMMENDATION: \*\*FTLC (Professional Associate Appointment)*

|  |  |
| --- | --- |
| **APPROVED** |  |
| **NOT APPROVED** |  |

N.B. Please specify in FTLC minutes the start date of the appointment and end date (if less than the period provided for by the policy.

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***NAME SIGNATURE***

…………………………….

***DATE***

*RECOMMENDATION for \*\*\*Dual Research & Professional Associate Appointment:* *RECOMMENDATION: \*FREC Chairperson*

|  |  |
| --- | --- |
| **APPROVED** |  |
| **NOT APPROVED** |  |

Comments:

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***NAME SIGNATURE***

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***DATE***

*RECOMMENDATION: \*FREC Chairperson*

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| --- | --- |
| **APPROVED** |  |
| **NOT APPROVED** |  |

Comments:

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N.B. Please specify in FREC/FTLC minutes the start date of the appointment and end date June/December of the third year (if less than the period provided for by the policy.

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***NAME SIGNATURE***

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***DATE***

4) SUBMIT THIS SIGNED FORM + SUPPORTING DOCUMENTATION as per checklist in hard copy (with originally signed copies) + EXTRACT OF FREC/FTLC MINUTES TO MRS VISHA COOPASAMY (RSM OFFICE, 13th Floor, Main Building, Office Number 1307). Kindly note: No scanned documents can be accepted.