

AUTHORISATION FORM

The below section to be completed by the line-manager of the applicant

Are you in full support of this staff member's application?

YES NO

Line Manager/Supervisor Name & Surname

Supervisor Signature

Faculty Research Coordinator

To be completed by Faculty Research Coordinators

Is the applicant supported in terms of the following criteria?

Academic development potential for the applicant	YES		NO	
Scientific merit of the research project	YES		NO	
Research capacity development potential	YES		NO	
Social impact and potential research uptake	YES		NO	

Full Name of FRC:

Signature of FRC:

Supported by the Head of Department
Please tick the appropriate box

YES

NO

Full Name of HOD:

Signature of HOD:

Supported by Dean of Faculty
Please tick the appropriate box

YES

NO

Full Name of Dean:

Signature of Dean:

Certification by applicant

I hereby certify that the information provided by me on this form is correct.

Full name in print

Date:

Signature (Applicant):
