

Private Bag 1, Houghton, 2041, Republic of South Africa
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APPLICATION FORM FOR TRAVEL GRANTS

- Applicants are requested to acquaint themselves with the general principles underlying the granting of funds for travel.
- Completed application forms and any supporting annexures must be submitted via email in a PDF format to **Secretary@sada.co.za**.

LATE APPLICATIONS WILL NOT BE CONSIDERED.

If space is insufficient, please indicate on form and attach a schedule.

Details

- 1 Full name of applicant: _____

- 2 Postal address: _____

- 3 Physical address: _____

- 4.1 Work tel: _____
- 4.2 Home tel: _____
- 4.3 Cell: _____
- 4.4 E-mail address: _____
- 5 Date of Birth: _____
- 6.1 Are you a member of the SA Dental Association? Yes No
Category of SADA membership: _____ When did you become a member of SADA? _____

6.2 Are you a contributor to the DDF? Present Past No

7 **Tertiary Education**

Detail each degree/diploma:

University/Institution	Degree/Diploma	Year

Details of any academic or other distinctions:

Are you presently registered as a candidate for any degree or diploma? Yes No

Please detail:

8 Present Appointment:

Institution:

Post:

For how long have you held that post:

Was your post:

Part-time Full-time

9 Previous Appointments / Details of Private Practice / Occupation since graduation (Give dates, please) :

10 Detail any Teaching or Research Experience not included in 9 above:

11 **Publications** Yes No

11.1 Submit as an annexure details of work published during the previous five years:

- [a] as full scientific articles in refereed Journals
- [b] in abstract form
- [c] as books or chapters in books
- [d] other

11.2 Submit as an annexure a list of papers you have presented at scientific meetings during the previous five years.

12 Overseas scientific conferences attended during the past three years. Please give the dates of the conferences.

With Support from:

12.1 The DDF

12.2 Other sources **(Give source)**

13 **Indicate the nature of application**

<input type="checkbox"/>	Conference	(Complete Item 14)
<input type="checkbox"/>	Study Tour	(Complete Item 15)
<input type="checkbox"/>	Combined	(Complete Item 14 & 15)

14 **Application for support to attend the scientific conference(s):**

14.1 Scientific conference(s) to be attended:

14.2 Where:

14.3 Organised by:

14.4 Duration of conference(s)

Number of days: _____ From: _____

To: _____

Number of days: _____ From: _____

To: _____

14.5 Have you been officially invited by the organisers? Yes No

(Copies of the relevant correspondence should be submitted)

14.6 Nature of contribution:

14.7 Do you intend delivering a paper? Yes No

14.8 If you intend delivering a paper, mark the appropriate block:

It has been accepted by the organisers

Awaiting reply

Note: Letter of acceptance must be submitted as soon as possible

Title of Paper: _____

(Please also attach an abstract)

Length of presentation: _____

15 Application for support for study travel

15.1 Outline of Study Tour for which application is made (Full details should be submitted in the form of an annexure, see Rule 3.2)

15.2 Where: _____

15.3 Duration of Study Tour:

Number of days: _____

From: _____

To: _____

Number of days: _____

From: _____

To: _____

15.4 Have you been officially accepted for such a study? Yes No

(If yes, copies of the relevant correspondence must accompany the application)

16 Details of expenditure:

Return Airfare - economy class

R

(A written airfare quote must accompany your application)

Registration fee(s) - if applicable

R

(1. Submit supporting documentation

2. Social events should not be included)

Subsistence Costs

R

Total Expenditure

R

17 **Details of support from other sources**

Have you ever applied to any other organisation(s) for support? Yes No

If yes, complete the table below:

Name of organisation(s)	Amount Requested	Amount Granted*

***Note:** If outcome of application is still awaited, the DDF must be informed as soon as details become available.

If no, give reasons (if possible) _____

18 **Declaration**

I certify that these statements are correct, and that if awarded a Travel Grant or a Study Tour Grant, I shall observe the conditions and regulations stipulated by the Trustees of the Dentistry Development Foundation Trust of the South African Dental Association. Further, I undertake that I will live and work in the Republic of South Africa for a minimum of two years after my return from attending the Conference or Study Tour, or I shall refund the grant.

Applicant: _____
(Signature)

Date: _____

In witness hereof, I _____ hereby append my signature.

Witness: _____
(Signature)

Date: _____

19 **N.B. THIS SECTION MUST BE COMPLETED BY THE UNIVERSITY OR INSTITUTION TO WHICH APPLICANT IS ATTACHED**

The _____ supports this application

(Name of University/Institution)

NOTE: It is expected that applicants attached to Universities or Institutions will receive a substantial portion of their support from their Universities or Institutions. If the University or Institution cannot give financial support, it would be appreciated if an explanatory letter could be sent under confidential cover to: The Chairperson, DDF Trust, Private Bag 1, Houghton, 2041

Remarks (if any) _____

Signature and Status of Representative of University/Institution

Date

20 **N.B. THIS SECTION MUST BE COMPLETED BY THE BRANCH COMMITTEE SHOULD THE APPLICANT NOT BE ATTACHED TO A UNIVERSITY OR INSTITUTION**

The _____ supports this application

(Name of Branch Committee)

Remarks (if any) _____

Signature and Status of Representative of Branch

Date