

**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:	
	Work:	
	Cell:	
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 of Applicant

1) Checklist of documents to accompany this application scanned

➤ 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)

.....
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 EXTERNAL PROFESSIONAL ASSOCIATE**	

N.B. Committee recommendations:

****Faculty Committee for Research Associates***

Section C

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. Elaborate on nominee's role within the nominating academic or research unit.	
Any additional comments:	

RECOMMENDATION: HEAD OF DEPARTMENT

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

.....
DATE

.....
Name and Signature

Staff Number:

RECOMMENDATION: EXECUTIVE DEAN/DEPUTY DEAN

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

.....
NAME: EXECUTIVE DEAN/DEPUTY DEAN
(Please print)

.....
SIGNATURE

.....
DATE

3) SUBMIT FORM AND SUPPORTING DOCUMENTS TO THE Faculty Committee FOR
CONSIDERATION

Section D

(To be completed by Relevant Committee)

RESOLUTION: NO

APPROVED	
NOT APPROVED	

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

Start Date:

End Date:

.....
NAME: Committee Chair

.....
SIGNATURE

.....
DATE