**DENOSA Postgraduate Bursary Re/application Form**

**for financial assistance 2023 academic year**

|  |
| --- |
|  **For office use:** |
| **Institution** |  |
| **Qualification** | Research module | Research Masters | Doctoral |
| **Successful** | **Declined** | **Date received:**  |
| **Comment** |  |
| **Signed** |  | **Date** |  |

**PLEASE NOTE:**

This application form must be submitted **annually1**.

The Proposal module is not funded by this bursary as it is one of the selection criteria to qualify for the bursary.

Please ensure that all items in the checklist are attached (or included) with the application form**2**:

1. Certified copy of ID/Passport
2. Proof of Temporary Registration for qualification
3. If first application:
	1. Academic record of previous qualification if passed at an institution of higher learning.
	2. Proof of completion of the Proposal Module
4. If re-application, supervisor’s report (supervisor’s report must also be included if a first time applicant has completed the first year of the research after successful completion of the Research Proposal Module)
5. Individual student’s report on progress made

**Selection Committee Dates:**

|  |  |
| --- | --- |
| 30 March 20233 | 30 November 20234 |

**1** Thisis an application only and does not guarantee that a bursary will be awarded.

**2** Incomplete application forms will not be considered.

**3** Applications received after 30th March 2023 will not be considered.

4Students should submit signed progress reports on or before 30 November each year.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Number |  |  |  |  |  |  |  |  |  |  |
| Surname |  | Initials |  |

**SECTION A: PERSONAL PARTICULARS**

|  |  |  |
| --- | --- | --- |
| Surname: |  | Title: |

|  |
| --- |
| First Names: |

|  |
| --- |
| Gender: |

|  |
| --- |
| Race: |

|  |
| --- |
| Nationality: |

|  |  |
| --- | --- |
| Physical Address | Postal Address |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Home Tel: | Cell: |
| Fax: | Email: |

*Please attach certified copy of identification document*

**SECTION B: ACADEMIC DETAILS**

**NB:** Attach academic record of studies undertaken prior to year of application for this bursary.

Level of study in which funding is applied for (indicate with an X in the appropriate block):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Masters (by Coursework) |  | Masters (Full Research) |  | Doctoral |  |

|  |  |
| --- | --- |
| Institution |  |
| Department |  |

Dissertation/thesis title or brief outline of proposed research:

|  |
| --- |
|  |
|  |
|  |
|  |

Briefly state how your research study is going to assist DENOSA in achieving its organizational goals:

|  |
| --- |
|  |
|  |
|  |
|  |

**Supervisor’s Details:**

|  |  |
| --- | --- |
| Name |  |
| Telephone number |  |
| Email address |  |

Please ensure that DENOSA Study Fund Committee receives a referee’s report from your supervisor.

**SECTION C: FINANCIAL DISCLOSURE**

If you have applied for, and/or received funding for your studies from another source, kindly indicate below:

|  |  |  |
| --- | --- | --- |
| Studies in 2019 funded by: | Application only (x)Granted (🗸) | Rand Value |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| No External Funding: |  |  |

**NB*:*** *Students who have received funding from other sources will not be considered for this bursary.***SECTION D: DECLARATION BY STUDENT**

I declare that I have read the conditions that apply to this award. I acknowledge that I understand and accept these conditions in full, and I agree to abide by them. I also agree that I will reimburse DENOSA if the conditions as set out are not met. Furthermore, I hereby confirm that the above information is true and correct.

**APPLICANT’S SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_

Send your complete application form accompanied by the requested supporting documents to:

**The Secretary**

**DENOSA STUDY FUND COMMITTEE**

**PO Box 1280**

**PRETORIA**

**0001**

***NB: Incomplete Application Forms will not be considered*.**

**SECTION E: POSTGRADUATE STUDIES IN PROGRESS**

**SUPERVISOR REPORT**

|  |  |
| --- | --- |
| **Supervisor’s name** |  |
| **Student name:** |  | **Student number:** |  |
| **Qualification:** |  |

**Report** on the student’s progress **as** (indicate with an X)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Supervisor |  | Co-supervisor |

**NB:** Please note that since this is a merit based bursary, the supervisor’s comments should focus on the academic progress or lack thereof as well as academic strengths and weaknesses of the research of the candidate.

**Briefly assess the student’s progress**

|  |
| --- |
|  |
|  |
|  |
|  |

**Your rating of the student’s progress (select one option)**

|  |  |
| --- | --- |
|  | Satisfactory |
|  | Some concerns about the student’s progress |
|  | Serious concerns about the student’s progress |
|  | Progress unsatisfactory |
|  | Progress very unsatisfactory (no work submitted, no communication or whatever is applicable) |

**In view of your assessment, do you recommend the student’s application for a bursary for 2021 academic year?** **Yes**  **No**

Final awarding of the bursary will be considered by the DENOSA Study Fund Committee.

**SUPERVISOR’S SIGNATURE: DATE:**

**SECTION F: POSTGRADUATE STUDIES**

**STUDENT REPORT**

|  |  |
| --- | --- |
| **Supervisor’s name** |  |
| **Student name:** |  | **Student number:** |  |
| **Qualification:** |  |

**Reporting as** (indicate with an X):

|  |  |  |  |
| --- | --- | --- | --- |
|  | New Student |  | Returning student |

**Briefly assess your own progress during the previous academic year:**

|  |
| --- |
|  |
|  |
|  |

**If your progress was not satisfactory, provide reasons for unsatisfactory progress:**

|  |  |
| --- | --- |
|  | Unable to reach supervisor |
|  | Unable to gain access to research materials |
|  | Slow return of questionnaires from respondents |
|  | Late registration |
|  | Other (please specify) |

Final award of the bursary will be considered by the DENOSA Study Fund Committee.

**STUDENT SIGNATURE: DATE:**

**SECTION G:**

**BURSARY CRITERIA**

i) **ELIGIBILITY**

1.Please note that this bursary will cover research topics in the following health research areas:

* Role of nurses, midwifes and health care workers
* Education and training of workers in the nursing profession
* Support and advisory services provided by nurses and midwifes in forming public awareness of health matters
* Guidelines in dealing with public perceptions and views regarding diseases and health matters
* Prevention of diseases
* Community-oriented nursing and health care
* Challenges encountered in the nursing profession
* Health system and public health policy
* Overhauling the healthcare system and improving its management

2. A pass mark of 60% or higher in the preceding qualification.

3. Have obtained approval of the Proposal module at the institution where you registered, **please note** that this bursary does not cover the Proposal Module.

4. A satisfactory supervisor’s report.

5. Approval by the DENOSA Study Fund Committee based on academic performance, research field and research methodology.

ii) **BURSARY CONDITIONS**

1. All bursary awards, including the first one, are conditional upon receipt of a positive report from the student’s supervisor/promoter. Detailed progress reports must be submitted to the DENOSA Member Service Department by November of any given year.
2. Bursaries are not awarded to members who are not paid-up members, or those who are not members of DENOSA.
3. Students who hold a postgraduate qualification will not be considered for a bursary for postgraduate study at the same level.
4. Students who are registered for a four-year bachelor’s degree programme do not qualify for a postgraduate bursary in their final year.
5. The bursary is awarded to South African and non-South African citizens who are DENOSA members.
6. Continued receipt of the bursary is dependent on a favourable supervisor’s report indicating that the recipient is progressing with his/her studies.
7. Students need to submit a student’s report (Section F) before the application will be submitted for consideration to the DENOSA Study Fund Committee.
8. Students who graduated must submit a copy of a complete, official academic record with marks given in certified percentages and not as symbols.
9. Granting of the bursary is not automatic. Students who apply by the specified date and have completed the application form will be considered.
10. The continuation of the bursary is conditional upon a satisfactory progress report from the supervisor as well as the completion of a re-award application form.
11. A bursary will only be awarded provided no other financial assistance has been granted to a student unless, such an award does not cover the full tuition cost and other related expenditure. Students may apply for other funds in order to supplement their DENOSA bursary.
12. The bursary will be deposited into the University account
13. The DENOSA Study Fund Committee will meet after 30th March each year to evaluate applications. Only applications received on or before date of a selection committee meeting will be considered at the relevant meeting (see page one for dates)
14. By signing this application form, the student indicates that he/she agrees with and accepts the conditions contained herein.

**iii) BURSARY COVERS**

1. **Masters by Coursework**
2. Only the research component
3. R4300 for research costs, payable once off.
4. A student can only qualify for this bursary for one academic year.
5. **Full research Masters**
6. Registration Fee
7. Research funds totalling R4300 payable:
8. This bursary is awarded for a maximum of 2 years.
9. **Doctoral research**
10. Registration Fee
11. Research funds totalling R5600 payable.

d. The bursary is awarded for a maximum of 3 years.