*****CONFIDENTIAL*****

APPLICATION FORM
INNOVATION SUPPORT PROGRAMME

IMPORTANT:

Attach copies of relevant documentation to the application:

i. The development proposal including any supporting documentation or prototype (if applicable)
ii. A copy of the applicant/s CV.
iii. Detailed Budget.

Submit the Application form to: innovation@unisa.ac.za

Late and/or incomplete applications will not be considered

A. PERSONAL INFORMATION

TITLE:	**Surname:**
	Name/s:
Personnel Number	
School	
College	
Department/Institute	

Tel:	**Home: ( )**	**Work: ( )**	**Fax: ( )**
Mobile telephone:		**E-mail:**	

B. THE PROPOSAL

Alignment with Catalytic Niche Areas:
Please select a Catalytic Niche Area under which the proposed project falls:

Marine Studies		Fourth Industrial Revolution and Digitalisation	
Aviation and Aeronautical Studies		Natural Sciences (Biotechnological Studies)	
Automotive		Health Studies/Medicine	
Energy		Feminist, Womanist, Bosadi Theorisation	
Space Study and SKA		Student Support and Co-curricular Activities	

Which Sustainable Development Goals (SDG) does your proposal address:

Mark with X where applicable	X		X
No Poverty		Reduced Inequality	
Zero Hunger		Sustainable Cities and Communities	
Good Health and Well-being		Responsible Consumption and Production	
Quality Education		Climate Action	
Gender Equality		Life Below Water	
Clean Water and Sanitation		Life on Land	
Affordable and Clean Energy		Peace and Justice Strong Institutions	
Decent Work and Economic Growth		Partnerships to achieve the Goal	
Industry, Innovation and Infrastructure		Other	

Title of innovative research project:

Problem (societal challenge) to be resolved: (Give a clear indication of the societal challenge your research project seeks to address and motivate your choice of challenge.)

Background information/ existing knowledge: (Provide as comprehensive an account as possible on the current solutions to resolve the challenges and why these have not worked or have no prospects of working. Kindly ensure that you correctly quote the sources of your

information.)
Proposed innovative solution to the problem identified: (Explain your proposed solution as clearly and comprehensively as possible.)
Motivate why you think your solution is innovative: (Why do you think your solution is innovative and what advantages does it have over existing solutions?)
Development Plan: (Tell us about the further development work that still needs to be done to develop the solution to a point where it can be tested and/or implemented.)

Possible outputs from the work:

C. ADDITIONAL INFORMATION

Provide any additional information which you regard as relevant in support of the invitation, e.g. experience, bursaries, awards, extraordinary achievements, special knowledge, abilities and skills.

D. DECLARATION BY APPLICANT

I certify that the information supplied in this application is correct, and if my application is successful, I understand that I will be subject to, and will abide by the policies, requirements and rules surrounding the Innovation Support Programme of the University of South Africa.

I understand that my application will only be considered if:

- I have met the requirements of the Innovation Support Programme

ETHICAL CLEARENCE

By signing this application off; I declare that I have sought the necessary ethical clearance for my project with the relevant ethics structures at UNISA and beyond UNISA where necessary (Letters of ethical clearance are attached to this application).

UNISA Research Department has my permission to electronically store and process my personal and research information.

Signature of Applicant:		Date:	

E. RECOMMENDATION BY THE LEAD RESEARCHER (FOR JOINT OR COLLABORATIVE PROJECTS)

Date: …… **Signature:** ……..

F. RECOMMENDATION BY THE CHAIRPERSON OF THE COLLEGE RESEARCH AND INNOVATION COMMITTEE (CRIC)

Date: …… **Signature:** ……..

G. RECOMMENDATION BY THE CHAIR OF DEPARTMENT

Date: …… **Signature:** ……..

H. RECOMMENDATION BY THE DIRECTOR OF THE SCHOOL/DIRECTOR
(Where the applicant is a non-academic member the Director should sign off the application)

Date: …… **Signature:** ……..

I. RECOMMENDATION BY THE EXECUTIVE DEAN/EXECUTIVE DIRECTOR
(If the applicant is a non-academic member the Executive Director should sign off the application)

Date: …… **Signature:** ……..

Budget