ALC Training funding managed and administrated by:

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The CSIR Photonics Centre

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Pretoria

South Africa

012 841 2713

[nlcrentalpool@csir.co.za](mailto:nlcrentalpool@csir.co.za)

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| **CSIR PHOTONICS CENTRE / DSTI**  **ALC TRAINING GRANT**  **2025/26 TRAINING GRANT APPLICATION FORM**  **Please scan as a pdf and submit by return email to** [**nlcrentalpool@csir.co.za**](mailto:nlcrentalpool@csir.co.za) |
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| **1. PROPOSAL TITLE:** |
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| **2. PROPOSED DATE OF EVENT:** |
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| **3. TYPE OF APPLICATION (Indicate with an X):** |
| ALC Educational Programme  □ Young laser researcher and technician training school  □ Short course on laser theory  □ Photonics symposium/conference/seminar  □ Other laser related training (specify) …………………………………… |

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| **4. INITIATING AND PRINCIPAL APPLICANT:** (To whom all correspondence will be addressed) | | | | | |
| Title |  | Initials |  | Surname |  |
| First Name | |  | | Gender |  |
| Department | |  | | I.D./Passport Number |  |
| Institution | |  | | Home Country |  |
| Address | |  | | Telephone |  |
| Postal Code | |  | | e-mail |  |
| Field of Expertise | |  | | Years of experience |  |

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| **5. SAFETY OFFICER (Mandatory for Practical Based Training):** | | | | | |
| Title |  | Initials |  | Surname |  |
| Institution | |  | | | |
| Address | |  | | | |
| Postal Code | |  | | Fax |  |
| Department | |  | | e-mail |  |

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| **6. ABSTRACT:** Briefly summarise the proposed training. |
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| At what level will this proposal be targeted? |
| Honours o Masters o  Ph.D. o Post Ph.D. o  Photonics Technical support personnel o |

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| **7. OBJECTIVES:** List main objectives of the proposed training project. |
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| **8. DESCRIPTION OF TRAINING EVENT PROPOSED FOR THIS PROJECT:**  8.1 Provide the type and nature of training project (eg. basic/introductory or advanced?) Expand on the target audience, venue and dates of the planned training. Motivate why this is an important training project for the ALC? |
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| 8.2 Provide the expected outcome of the training project. |
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| 8.3 Provide details of relevant work carried out previously by the applicant. |
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| 8.4 Provide details of other prior training events presented. |
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| 8.5 Provide any other relevant information regarding the project. |
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| **9. PROGRAM STRUCTURE FOR THE PLANNED EVENT:**  Please indicate programme structure/timetable (Give a comprehensive account of your plans) |
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| **10. IN-HOUSE FACILITIES AVAILABLE TO TRAINING PROVIDER (if applicable)**  Specify all facilities, equipment, diagnostics etc. that is available to your team to successfully render this training |
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| **11. BENEFICIARIES:**  Describe who will benefit from the training project. |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Beneficiary** | **Number of Females** | **Number of males** | **Level of study (students)** | **Total** | | South African Students |  |  |  |  | | \*African Students |  |  |  |  | | South African Presenters |  |  |  |  | | \*African Presenters |  |  |  |  | | \*\*International Students |  |  |  |  | | \*\*International Presenters |  |  |  |  | | **Total** |  |  |  |  |   \*Those participants that are residents of other African countries outside the borders of South Africa  \*\*Those participants that are not residents of the African Continent |

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| **12. BUDGET** |
| **12.1 Total budget**   |  |  | | --- | --- | | **Sources:** | **Total** | | Requested from ALC |  | | Course registration fee from attendees  (amount x number of delegates) |  | | Requested from other sources (specify source) |  | | Own contribution |  | | **Total Required** |  |   **12.2 Other funding narrative**   |  | | --- | | **Please provide a short narrative on funding leveraged to support this event** | |  |   **12.3 Budget breakdown\***   |  |  |  |  | | --- | --- | --- | --- | | **Item** | **Number of participants and rate**  **(show rationale e.g. 25 participants x R100.00/participant)** | **Requested from ALC** | **Requested from other sources (specify)** | | S&T |  |  |  | | Accommodation |  |  |  | | Travel |  |  |  | | Other |  |  |  | | Other |  |  |  | | Other |  |  |  | | Total |  |  |  |   \*Applicants are encouraged to attached a detailed budget in a separate sheet to provide more detail on how the funding requested from the CSIR will be utilised. |

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| **13. DECLARATION** |
| I certify that the information provided is correct and complete. **PROPOSAL TITLE**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **APPLICANT**:  SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **WITNESS**:  SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  We hereby approved this application for training provision as stipulated in ALC call.  **HOD AT APPLICANT’S INSTITUTION**  SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **WITNESS**:  SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please scan as a pdf and submit by return email to** [**nlcrentalpool@csir.co.za**](mailto:nlcrentalpool@csir.co.za) |