ALC Training funding managed and administrated by:

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The CSIR Photonics Centre

PO Box 395

Pretoria

 South Africa

 012 841 2713

 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** |
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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 oPh.D. o Post Ph.D. oPhotonics 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. |
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| **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**

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| **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**

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| **Please provide a short narrative on funding leveraged to support this event** |
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**12.3 Budget breakdown\***

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| **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** |