**THE KATE EDGER EDUCATIONAL CHARITABLE TRUST**

POST-DOCTORAL RESEARCH AWARDS

**(Dame Joan Metge & Professor Charmian J O’Connor**

**Post-Doctoral Research Awards)**

**PURPOSE**

To assist women who have qualified to graduate with a doctoral degree within the last two years to carry out research on a specified, independent project at an approved Institute in the Auckland area.

**REGULATIONS**

Two Post-Doctoral Research Awards of $16,000 each (GST exclusive) are available for offer twice a year for a specified, independent, limited term research project. N.B. No overheads will be paid to the Institute to which the awardee is affiliated.

1. **Closing dates: 25 July 2016, 20 February 2017, 24 July 2017**
2. Applicants for these awards must:
3. be women;
4. be New Zealand citizens or Permanent Residents;
5. provide evidence that they will be affiliated with a department at an Auckland research Institute and have access to the infrastructural support needed to complete the proposed project;
6. not undertake more than 20 hours per week employment during tenure of the award.

3. In making these awards, the Post-Doctoral Research Award selection committee shall take account of the applicant’s academic achievements, research qualification and research plans, and shall determine the conditions of tenure in the light thereof.

4. The award may not be held concurrently with an award of equal or higher value.

5. Normally the project for which an award is made should be completed within six months.

6. Each applicant of these awards must submit her application **on the current prescribed application form** which applies to both awards and must include:

a) an outline of the proposed research;

b) a verification statement from the Head of Department / Dean (as appropriate) as proof of affiliation;

c) a certified copy or statutory declaration of her academic record;

d) a certified copy of evidence of status as a New Zealand Citizen or Permanent Resident;

e) confirmation that confidential references have been sought from two academic referees one of whom must be the applicant’s Doctoral Supervisor.

7. On completion of her research project, the holder of an award must present a short report, endorsed by the Head of Department to which she is affiliated, to the Awards Coordinator of The Kate Edger Educational Charitable Trust.

8. Any publications arising from the research should acknowledge the award received from The Kate Edger Educational Charitable Trust.

9. Arrangements for payment will be made through the host Institute before commencement of the research.

**APPLICATIONS AND ENQUIRIES**

Application forms for these awards are available from:

[www.academicdresshire.co.nz/AwardsAvailable/Doctoral/PostDoctoralAwards](http://www.academicdresshire.co.nz/AwardsAvailable/Doctoral/PostDoctoralAwards)

Enquiries to:[awards@kateedgertrust.org.nz](mailto:awards@kateedgertrust.org.nz)

Completed applications by:

Email attachment plus scanned copies of 6 b), c), and d) above to [admin@kateedgertrust.org.nz](mailto:admin@kateedgertrust.org.nz)

Or by post to Post-Doctoral Research Awards, The Kate Edger Educational Charitable Trust, Private Bag 93208, Parnell, Auckland 1151

Or hand delivered to Academic Dress Hire, 17 George Street, Parnell.

**Closing dates: 25 July 2016, 20 February 2017, 24 July 2017**

***This award is funded by the Kate Edger Educational Charitable Trust July 2016***

#### THE KATE EDGER EDUCATIONAL CHARITABLE TRUST

#### POST-DOCTORAL RESEARCH AWARD

#### Application Form

In making your application please ensure you complete all sheets of this printed form.

### Apart from your application, the Verification Statement and the reports from your referees, no other information will be considered.

1. ***(All information supplied is confidential)***

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| --- |
| **PERSONAL DETAILS** |
| **NAME (Dr):** ………………………………………………………….…………………………………………………………………………………………………  **Student ID no:** ………………………………………………… **Telephone number:** ………………………………………………………………….. |
| **Email:** ……………………………………………………………….. **Mobile:** …………………………………………………………………………………..  **Address: (Street address, not a PO Box number)**  ………………………………………………………………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………………………………..  **Are you a New Zealand Citizen** Yes / No **Permanent Resident** Yes / No  **Please supply a certified copy of evidence of your status: a birth certificate, citizenship certificate or relevant passport pages.**  **Current Employment Status:** ……………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………. |
| **What employment will you have during tenure of the award?**  ………………………………………………………………………………………………………………………………………………………………………………………….  **PROPOSED RESEARCH PROJECT**  **Department where proposed research will be undertaken:** …………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………………………………………………………….  **Research Title:** ………………………………………………………………………………………………………………………………………………………………..  **Brief abstract of research to be undertaken: no more than 500 words, stating aims, objectives and significance. (Use separate sheet if desired)** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  ***This award is funded by the Kate Edger Educational Charitable Trust July 2016*** |
| **Draft Budget:** *to show expected costs, e.g. equipment, materials, field work, software, travel, publications etc. (Use separate sheet if desired)*………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  **Total $** …………………………………………………………………………………………………………………...  **Expected commencement date:** ………………………………………………………………………………………………………………………………………  **Expected date of completion:** …………………………………………………………………………………………………………………………………………. |
| **PROPOSED RESEARCH SUPERVISOR**  **Title First Name Surname Tertiary Institute**  ……………………………………………………………………………………………………………………………………………………………………………………  **ACADEMIC RECORD TO DATE**  **Degree(s) Diplomas:** ………………………………………………………………… **Year Attained:** ……………………………………………………….  **Major academic field:** ……………………………………………………………… **Tertiary Institute:** ………………………………………………  **Scholarships, fellowships, prizes or other awards gained:** …………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………….  **Please state the monetary value of any other award you may hold during the tenure of this research award:**  …………………………………………………………………………………………………………………………………………………………………………………….  **Academic research experience, in chronological order – earliest first: Years**  ………………………………………………………………………………………………………………………. From …………………….. To ……………………  ……………………………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………………………  **Relevant refereed publications, books, patents, or reports published or accepted for publication:**  …………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………………………  ***Please attach a certified copy or statutory declaration of your up-to-date academic record to this application.***  (N.B. The form for a Statutory Declaration is available at the end of this application).  ***This award is funded by the Kate Edger Educational Charitable Trust July 2016***  **REFEREES**  **Head of Department / Dean** (as appropriate) from whom a Verification Statement has been requested.  **Title First Name Surname Tertiary Institute Position**  ……………………………………………………………………………………………………………………………………………………………………………………  **Two Referees** acquainted with your work (one of whom must be your Doctoral Supervisor) whom you have requested to email confidential reports.  **Title First Name Surname Tertiary Institute Position**   1. ………………………………………………………………………………………………………………………………………………………………………… 2. …………………………………………………………………………………………………………………………………………………………………………   **I confirm that these two people have agreed to send confidential references.**  **YOUR ASPIRATIONS FOR THE FUTURE:**  ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  **You must have the verification statement completed by the Head of Department, and must give your referees the prescribed forms for their reports.**  **FINAL CHECK**  Have you included (including scanning if application is sent by email)   |  |  | | --- | --- | | A certified copy or statutory declaration of your up-to-date academic record? |  | | A certified copy of evidence of your status as a New Zealand Citizen or Permanent Resident? |  | | A Verification Statement completed by the Head of Department? |  | | I have completed my application form |  |   **Please ensure you keep a copy of your application.**  *The Selection Committee will NOT consider applications that do not contain the above information.*  Your signature: …………………………………………………………………………………. Date: …………………………………………………………………..  Please send this completed application by:  Email attachment plus scanned certified copies of academic record, evidence of New Zealand Citizenship or Permanent Residency and Verification Statement to [admin@kateedgertrust.org.nz](mailto:admin@kateedgertrust.org.nz)  Or by post to Post-Doctoral Research Awards, The Kate Edger Educational Charitable Trust, Private Bag 93208, Parnell, Auckland 1151  Or hand delivered to Academic Dress Hire, 17 George Street, Parnell.  **Closing dates: 25 July 2016, 20 February 2017, 24 July 2017**  ***This award is funded by the Kate Edger Educational Charitable Trust July 2016*** |

**THE KATE EDGER EDUCATIONAL CHARITABLE TRUST**

POST-DOCTORAL RESEARCH AWARD

#### Verification Statement

1. *The purpose of these Research Awards is to assist women who have graduated with a doctoral degree within the last two years to carry out research on a specified, independent project at an approved Institute in the Auckland area.*

*(All information supplied is confidential to those involved in the selection procedures).*

**Please complete this form and return it to the applicant. It is her responsibility to send on her application with this statement and the reports from her two referees.**

**Applicant to complete box below:**

**Applicant’s name:**

**Post- Doctoral Research title:**

**HEAD OF DEPARTMENT / DEAN** (as appropriate) to complete:

The above named applicant for the Post-Doctoral Research Award has received official approval from

……………………………………………………………………………………………………………

to undertake the Research Project work described in her application. N.B. No overheads will be paid to the Institute to which the awardee is affiliated.

**Signature of Head of Department / Dean** (as appropriate)

Signed: ………………………………………………………………………………………………. Date: ………………………………………………

Position: …………………………………………………………………………………………………………………………………………………………

Tertiary Institute: ………………………………………………………………………………………………………………………………………..

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**THE KATE EDGER EDUCATIONAL CHARITABLE TRUST**

POST-DOCTORAL RESEARCH AWARD

#### Confidential Referee’s Report Form

*The purpose of these Research Awards is to assist women who have graduated with a doctoral degree within the last two years to carry out research on a specified, independent project at an approved Institute in the Auckland area.*

***(All information supplied is confidential to those involved in the selection procedure).***

**Please complete your report using the following format and e-mail to**

**admin@kateedgertrust.org.nz under the heading Post-Doctoral Research Award**

**Name of Applicant:**

The above named applicant for a Post-Doctoral Research Award has selected you to support her application. The Award Selection Committee requests your candid opinion of the applicant’s scholastic ability, commitment and motivation for carrying out post-doctoral research and any other information you consider relevant to this application. *(Please use additional page if necessary).*

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I have known this applicant for ………….. years in my capacity as …………………………………………………………………

Name: ………………………………………………………………………… Title or Position: ......................................................

Department: ……………………………………………………….. Tertiary Institute: ……………………………………………..

Date: …………………………………………………………………………..

**Thank you for completing this form. Your time is appreciated.**

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I have known this applicant for ………….. years in my capacity as …………………………………………………………………

Name: ………………………………………………………………………… Title or Position: ......................................................

Department: ……………………………………………………….. Tertiary Institute: ……………………………………………..

Date: …………………………………………………………………………..

**Thank you for completing this form. Your time is appreciated.**

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**STATUTORY DECLARATION**

I…………………………………………………………...……………………………………………………………………………………………………………………….

(Full name of declarant)

Of …………………………………………………………………………………………………………………………………………………………………………………

(Address of declarant)

………………………….………………………………………………………………………………………hereby solemnly and sincerely declare that

(Occupation of declarant)

Annexed to this declaration have been obtained and printed without alteration from the internet.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at: …………………………..……………..………. this …..……day of……………….…………20…………………………………………………

Signature of Declarant ………………………………………………………………………………………………………………………………………………….

Before me …………………………….………………….……………………………………………………… Justice of the Peace for New Zealand

(Name of JP) (Authorised to take a statutory declaration)

……………………………………………………………………………………………………………………………………………………………………………………..

(Signature of JP)

**PLEASE NOTE – MAKING A FALSE DECLARATION IS A PROSECUTABLE OFFENCE**

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