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:
- a) be women;
- b) be New Zealand citizens or Permanent Residents:
- c) 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;
- d) 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 <u>current</u> 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

Enquiries to: awards@kateedgertrust.org.nz

Completed applications by:

Email attachment plus scanned copies of 6 b), c), and d) above to 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

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.

(All information supplied is confidential)

PERSONAL DETAILS

NAME (Dr):				
Student ID no:				
Email:	Mc	bile:		
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	-	r status: a birth certificate, cit ssport pages.	izenship certificate or	relevant
Current Employment Status:				
What employment will you have d	uring tenure of the	e award?		
PROPOSED RESEARCH PRO	JECT			
Department where proposed research	arch will be undert	aken:		
Research Title:				
Brief abstract of research to be unseparate sheet if desired)	dertaken: no more	than 500 words, stating aims	, objectives and signifi	cance. (Use
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separate	Draft Budget: to show expected costs, e.g. equipment, materials, field work, software, travel, publications etc. (Use separate sheet if desired)			
Total \$				
Expected	d commencement da	te:		
Expected	d date of completion	:		
PROPO	SED RESEARCH	SUPERVISOR		
Title	First Name	Surname	Tertiary Institut	
	MIC RECORD TO) DATE		
Degree(s	s) Diplomas:		Year Attained:	
Major ad	cademic field:		Tertiary Institute:	
Scholars	hips, fellowships, pri	zes or other awards gained:		
	tate the monetary va	llue of any other award you m	ay hold during the tenure o	f this research award:
		ce, in chronological order – ea		
			From	To
Relevant	t refereed publicatio	ns, books, patents, or reports	published or accepted for p	ublication:
Plea	se attach a certified	copy or statutory declaration	of your up-to-date academi	c record to this application.
(N.B. The	e form for a Statutory	Declaration is available at the	end of this application).	

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 <u>copy</u> or statutory declaration of your up-to-date academic record?	
A certified <u>copy</u> 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.

Please send this completed application by:

Email attachment plus scanned copies of academic record, evidence of New Zealand Citizenship or Permanent Residency and Verification Statement to 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

POST-DOCTORAL RESEARCH AWARD

Verification Statement

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 <u>to the applicant</u>. 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:
Tortion/Institute:

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 Doctoral Completion 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).
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.

STATUTORY DECLARATION

	1
	(Full name of declara
	Of
Iress of declarant)	(Address of declaran
hereby solemnly and sincerely declare that	
cupation of declarant)	(Occupation of decla
exed to this declaration have been obtained and printed without alteration from the internet.	Annexed to this decl
I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and arations Act 1957.	And I make this sole Declarations Act 195
ared at:2020	Declared at:
ature of Declarant	Signature of Declara
ore me	
(Name of JP) (Authorised to take a statutory declaration)	•
nature of JP)	(Signature of JP)

PLEASE NOTE – MAKING A FALSE DECLARATION IS A PROSECUTABLE OFFENCE