

**FMHS RESEARCH COMMITTEE**

**APPLICATION FOR LECTURER REPLACEMENT FUND (LRF) FOR 2026**

**Purpose**

The lecturer replacement fund is intended to be utilised to remunerate an individual to perform a portion of a lecturer's normal lecturing responsibilities. The purpose of lecturer assistance granted is to allow additional time for the lecturer to spend on a research project to fast-track research outputs.

**Eligibility**

**Full time permanent FMHS staff** are eligible to apply and only **one application per person** will be considered. Applicants who will be on study leave during the award period are not eligible to apply.

**Award and conditions**

The **maximum amount** that can be applied for is **R5 000**. You are requested not to submit applications for consideration that exceed the maximum amount of R5 000 or for more than 40% of your annual lecturing responsibilities. The replacement lecturer will be appointed in accordance with the procedures applicable to the appointment of lecturers in a temporary, part-time or substitute capacity, i.e. through the office of Human Resources upon recommendation of the Divisional or Departmental Head. A progress report must be submitted after one year, with specific reference to the outputs achieved.

**Application**

An application consists of the completed and approved form and the following supporting attachments:

Appendix	Description	Attached	Comments (optional)
A	<b>Abbreviated CV</b> <i>(5 pages maximum, including the applicant's research publications in accredited journals of the past 5 years)</i>		
B	<b>Ethics approval (if required)</b> <i>(most recent ethics approval or renewal letter for the research project related to this application)</i>		
C	<b>Progress report (if relevant)</b> <i>(a completed progress report, completed on the relevant form, if the applicant received a LRF award for 2025)</i>		

*Kindly submit the relevant attachments as **ONE PDF DOCUMENT** with this application form.  
No other attachments will be accepted.*

**Submission**

A completed application form must be electronically approved by the Divisional or Departmental Head and submitted to **Mr Tashwell de Wet** ([tashwell@sun.ac.za](mailto:tashwell@sun.ac.za)) via e-mail, with the **attachments as one PDF document**, by **25 February 2026**. Please note that incomplete or late applications will not be accepted. No hard copies are required.

**Enquiries**

**Mr Tashwell de Wet** at [tashwell@sun.ac.za](mailto:tashwell@sun.ac.za) or 021 938 9056.

**1. APPLICANT INFORMATION**

Surname		
First name		Title

Division / Centre			
Department			
SU number		E-mail	
Applicant status (Select all relevant categories)	Staff (permanent)		Staff (contract)
	Staff enrolled for a further degree		Staff (part-time)
Race (For reporting)		Gender	
Date of birth		Disability	
Number of research publications in accredited journals during the last 5 years [Appendix A – <b>also attach abbreviated CV, no more than 5 pages, indicating the references</b> ]			

<b>2. RESEARCH PROJECT AND ASSISTANCE REQUIRED</b>				
Brief project title				
RESEARCH THEME: (Select all relevant themes)				
Infectious Diseases		Maternal and Child Health		
Mental Health and Neurosciences		Non-communicable Diseases		
Health Systems Strengthening		Violence, Injury, Trauma and Rehabilitation		
Primary Health Care		If Other, please state		
ETHICS APPROVAL(S)				
Duration of research project	From (year)		To (year)	
From which of the following Stellenbosch University Research Ethics Committees (REC) is ethics approval required for this project? (Select <u>all</u> relevant RECs) <u><a href="#">CLICK HERE FOR GUIDANCE</a></u>	HREC: Health Research Ethics Committee (HREC1 or HREC2)		REC: ACU – Animal Care and Use	
	REC: BES – Biological & Environmental Safety		REC: SBER – Social Science, Behavioural & Education Research	
If none of the above, motivate why ethics approval is not required for this project				
If ethics approval has already been obtained, provide the following	Ethics approval number(s)		Ethics expiry date(s)	
<b>NOTE:</b> <ol style="list-style-type: none"> <li>Appropriate ethics approval is required before funding will be disbursed [Appendix B - please submit a copy of the relevant ethics approval letter(s) with this application or as soon as approval is obtained].</li> <li>Failure to supply ethics proof by <u>31 July</u> may result in the cancellation of this award.</li> </ol>				
Application category	New	Renewal	[Appendix C – <b>attach completed PROGRESS REPORT if this is a renewal application</b> ]	

**Summary / Abstract**

**Outline of proposed work programme and timeline**

**Envisaged outputs****Motivation why lecturer replacement is required**

<b>Remuneration</b> <i>(Do consult with Human Resources to obtain the appropriate rate for the level of appointment required)</i>		<b>hours at R</b>		<b>per hour</b>
<b>Amount requested</b>				

### 3. APPROVALS

**APPLICANT:**

I agree that I have read the instructions and that this submission is complete, including relevant attachments:

Date:

**APPROVAL BY LINE MANAGER (Departmental, Divisional or Centre Head):**

I have reviewed and approve of this application for Lecturer Replacement funding:

Name of approver:

Date:

Comments (optional):