**SAAIR SCHOLARSHIP 2025: APPLICATION FORM**

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| --- |
| Please **print** clearly.   |
| Name:  | Surname: |
| Title: | Email: |
| Telephone: | Cell Number: |
| Institution: | Department/Unit & Job Title: |
| Institution Address:                          Street:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                  City:                                         Province:                                Postal code: |
| Field of occupation:* Institutional Research (IR)
* Institutional Effectiveness (IE)
* Institutional Planning (IP)
* Management Information Systems (MIS)
* Quality Assurance (QA)
* Academic Development (AD)
* Other (specify):
 |
| Number of years in the field?   \_\_\_\_   |
| SAAIR paid member:      YES   NO             |
| Nominated by your IR unit (or equivalent): YES      NO |
| Nominated by (name and designation of line manager): \_\_\_\_\_ |

*I certify that all statements made on this application are true and accurate.*

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_