

# THE KATE EDGER EDUCATIONAL CHARITABLE TRUST POST-DOCTORAL RESEARCH AWARD

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## PURPOSE

To assist women who have graduated with a doctoral degree within the last four years to carry out research on a specified project at an approved institution in the Auckland area.

## REGULATIONS

1. One Post-Doctoral Research Award of \$15,000 shall be offered twice a year for a specified, limited term research project. Closing dates: 28 February, 31 July.
2. Applicants for this award 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 institution and have access to the infrastructural support needed to complete the proposed project;
  - d) not undertake full time employment during tenure of the award.Special consideration may be given to women with the status of refugees, if endorsed by the Trustees of the Charitable Trust.
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. The committee may interview short-listed candidates.
4. This award may not be held concurrently with an award of similar or higher value except with the express approval of the Awards Committee.
5. Normally the project for which an award is made should be completed within six months.
6. Each applicant of the award must submit her application **on the current prescribed application form** including:
  - a) an outline of the proposed research;
  - b) a verification statement from the Head of Department as proof of affiliation;
  - c) a certified copy of her academic record;
  - d) a certified copy of evidence of status as a New Zealand Citizen or Permanent Resident;
  - e) references in sealed envelopes from two academic referees, one of whom must be the applicant's PhD 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 Convenor of the Post-Doctoral Research Award selection committee.
8. Any publications arising from the research should acknowledge the award received from the Kate Edger Educational Charitable Trust.
9. A payment of \$5,000 shall be made at the commencement of research and appropriate instalments at monthly intervals thereafter during the period of the research.

## APPLICATIONS AND ENQUIRIES

1. Application forms for this award are available from:  
<http://www.kateedgertrust.org.nz>

The Scholarships offices of the University of Auckland, the Albany campus of Massey University, the Auckland University of Technology, Manukau Institute of Technology and Unitec.

2. Enquiries and completed applications to: Post-Doctoral Research Award, The Kate Edger Educational Charitable Trust, P O Box 74 350, Market Road, Auckland.  
Enquiries may also go to [enquiries@kateedgertrust.org.nz](mailto:enquiries@kateedgertrust.org.nz)

*This award is funded by The Kate Edger Educational Charitable Trust  
October 2007*

# THE KATE EDGER EDUCATIONAL CHARITABLE TRUST POST-DOCTORAL RESEARCH AWARD Application Form

*All information supplied is confidential.*

In making your application please ensure you complete the three sheets of this printed form.  
Apart from your application, the Verification Statement and the reports from your referees, no other information will be considered.

## PERSONAL DETAILS

Name (Dr) \_\_\_\_\_

Student ID No: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address (street address, not P O Box number)

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Are you a New Zealand Citizen: Yes / No Permanent Resident: Yes / No

*Please supply certified copy of evidence of your status: a birth certificate, citizenship certificate or relevant passport pages.*

Current Employment Status: \_\_\_\_\_

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## PROPOSED RESEARCH PROJECT

Department where proposed research will be undertaken: \_\_\_\_\_

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Research Title: \_\_\_\_\_

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**Brief abstract of research to be undertaken:** *(no more than 500 words, stating aims, objectives and significance) – Use separate sheet, if desired*

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**Draft Budget** to show expected costs, e.g. equipment, materials, field work, software, travel, publications etc. (Use separate sheet if desired)

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**Total \$**

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**Expected commencement date:** \_\_\_\_\_

**Expected date of completion:** \_\_\_\_\_

**PROPOSED RESEARCH SUPERVISOR**

Title	First Name	Surname	Tertiary Institution
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**ACADEMIC RECORD TO DATE**

**Degree(s) Diplomas:** \_\_\_\_\_ **Years Attained:** \_\_\_\_\_

**Major academic field:** \_\_\_\_\_ **Tertiary Institution:** \_\_\_\_\_

**Scholarships, fellowships, prizes or other awards gained:**

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**Academic research experience, in chronological order – earliest first:**                      **Years**

**From                      To**

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**Relevant refereed publications, books, patents, or reports published or accepted for publication**

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*Please attach a certified copy of your academic record up to the date of this application.*

## REFEREES

**Head of Department / Dean** (as appropriate) from whom a Verification Statement has been requested.

<b>Title Position</b>	<b>First Name</b>	<b>Surname</b>	<b>Tertiary Institution</b>
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**Two Referees** acquainted with your work from whom you have requested a report, one of whom must be your PhD Supervisor

<b>Title</b>	<b>First Name</b>	<b>Surname</b>	<b>Tertiary Institution</b>
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## YOUR ASPIRATIONS FOR THE FUTURE:

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**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:**

- **A certified copy 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?**
- **Two referees' reports in separate sealed envelopes?**
- **Your 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 application by 28 February or 31 July to:**

**Post-Doctoral Research Award  
The Kate Edger Educational Charitable Trust  
P O Box 74 350  
Market Rd  
Auckland**

# THE KATE EDGER EDUCATIONAL CHARITABLE TRUST 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 four years to carry out research on a specified project at an approved institution 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:**

<p><b>Applicant's name:</b> _____</p> <p><b>Research title:</b> _____</p>
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**HEAD OF DEPARTMENT / DEAN** (as appropriate to complete)

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

\_\_\_\_\_

to undertake the Research Project described in her application.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Tertiary Institution: \_\_\_\_\_



