

ALC training funding managed and administered by:



The CSIR Photonics Centre
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**CSIR PHOTONICS CENTRE/DSTI
 ALC TRAINING GRANT**

2026/27 TRAINING GRANT APPLICATION FORM

Please scan as a PDF and return it by email to nnlcrentalpool@csir.co.za.

1. PROPOSAL TITLE:

2. PROPOSED DATE OF EVENT:

3. TYPE OF APPLICATION (Indicate with an X):
ALC Educational Programme Young laser researcher and technician training school Short course on laser theory Photonics symposium/conference/seminar Other laser-related training (specify)

4. INITIATING AND PRINCIPAL APPLICANT: (To whom all correspondence will be addressed)					
Title		Initials		Surname	
First name				Gender	
Department				I.D./Passport number	
Institution				Home country	
Address				Telephone	
Postal code				email	
Field of expertise				Years of experience	

5. SAFETY OFFICER (Mandatory for Practical-Based Training):					
Title		Initials		Surname	
Institution					
Address					
Postal code				Fax	
Department				email	

6. ABSTRACT: Briefly summarise the proposed training.

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At what level will this proposal be targeted?

Honours	<input type="checkbox"/>	Master's	<input type="checkbox"/>
PhD	<input type="checkbox"/>	Post PhD	<input type="checkbox"/>
Photonics technical support personnel	<input type="checkbox"/>		

7. OBJECTIVES: List main objectives of the proposed training project.

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8. DESCRIPTION OF TRAINING EVENT PROPOSED FOR THIS PROJECT:

8.1 Provide the type and nature of training project (e.g. basic/introductory or advanced?) Expand on the target audience, venue and dates of the planned training. Motivate why this is an important training project for the ALC?

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8.2 Provide the expected outcome of the training project.

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8.3 Provide details of relevant work carried out previously by the applicant.

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8.4 Provide details of other prior training events presented.

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8.5 Provide any other relevant information regarding the project.

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9. PROGRAMME STRUCTURE FOR THE PLANNED EVENT:

Please indicate programme structure/timetable (Give a comprehensive account of your plans)

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10. IN-HOUSE FACILITIES AVAILABLE TO TRAINING PROVIDER (if applicable)

Specify all facilities, equipment, diagnostics, etc. that are available to your team to successfully render this training

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11. BENEFICIARIES:

Describe who will benefit from the training project.

Beneficiary	Number of females	Number of males	Level of study (students)	Total
South African students				
*African students				
South African presenters				
*African presenters				
**International students				
**International presenters				
Total				

*Those participants who are residents of other African countries outside the borders of South Africa

**Those participants who are not residents of the African continent

12. BUDGET**12.1 Total budget**

Sources:	Total
Requested from ALC	
Course registration fee from attendees (amount x number of delegates)	
Requested from other sources (specify source)	
Own contribution	
Total required	

12.2 Other funding narrative

Please provide a short narrative on the funding leveraged to support this event

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12.3 Budget breakdown*

Item	Number of participants and rate (show rationale, e.g. 25 participants x R100.00/participant)	Requested from ALC	Requested from other sources (specify)
S&T			
Accommodation			
Travel			
Other			
Other			
Other			
Total			

*Applicants are encouraged to attach a detailed budget in a separate sheet to provide more detail on how the funding requested from the CSIR will be utilised.

13. DECLARATION

I certify that the information provided is correct and complete.

PROPOSAL TITLE:

APPLICANT:

SIGNATURE _____ DATE _____

WITNESS:

SIGNATURE _____ DATE _____

We hereby approve this application for training provision as stipulated in the ALC call.

HOD AT APPLICANT'S INSTITUTION

SIGNATURE _____ DATE _____

WITNESS:

SIGNATURE _____ DATE _____

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