

POST-DOCTORAL RESEARCH AWARDS

(Dame Joan Metge & Emeritus Professor Dame Charmian J O’Connor Post-Doctoral Research Awards)

**PURPOSE**

To assist women who have qualified to graduate with a doctoral degree within the last three 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: 22 July 2024, 10 February 2025**
2. Applicants for these awards must:
3. be women;
4. be New Zealand citizens or **Permanent** Residents;
5. 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;
6. 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 current 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 (this can be in the form of a certified digital document from the tertiary institution);

d) a certified copy of evidence of status as a New Zealand Citizen or **Permanent** Resident (for **Permanent** Residents, only a copy of a **Permanent** Resident Visa will be accepted);

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 Foundation.

8. Any publications arising from the research should acknowledge the award received from The Kate Edger Foundation.

9. Arrangements for payment will be made through the host Institute before commencement of the research.

**APPLICATIONS AND ENQUIRIES**

Enquiries to:[awards@kateedgerfoundation.org.nz](mailto:awards@kateedgerfoundation.org.nz)

Please scroll down for the application form.

Submit completed applications by email attachment plus scanned copies of 6 b), c), and d) above to [awards@kateedgerfoundation.org.nz](mailto:awards@kateedgerfoundation.org.nz);

All applicants will receive an email confirmation that the application has been received. If you do not receive an email, please contact the Awards Coordinator at [awards@kateedgerfoundation.org.nz](mailto:awards@kateedgerfoundation.org.nz)

**Closing dates: 10 February 2025, 21 July 2025**



POST-DOCTORAL RESEARCH AWARDS

Application Form

All information provided is confidential

**Apart from your application, the verification statement and the reports from your referees, no other information will be considered**

PERSONAL DETAILS

Name: Dr Click here to enter text.

Student ID number: Click here to enter text.

Mobile: Click here to enter text.

Email: Click here to enter text.

Address: Click here to enter text.

Date of Birth: Click here to enter text.

Ethnicity: Click here to enter text.

Are you a New Zealand citizen? Choose an item.

Are you a **Permanent** Resident of New Zealand? Choose an item.

**Please supply a certified copy of evidence of your citizenship status: a birth certificate, citizenship certificate or relevant passport pages (e.g. if you are a Permanent Resident, you must supply a copy of your Permanent Resident Visa).**

What is your current employment status? Click here to enter text.

What employment will you have during tenure of this award, if successful? Click here to enter text.

PROPOSED RESEARCH PROJECT

Institute and department where proposed research will take place: Click here to enter text.

Research title: Click here to enter the provisional title of your research project.

Please write a brief abstract of your proposed research (outline aims, objectives and significance) in no more than 500 words:

Click here to enter text.

Draft budgetshowing how the money from this award will be spent, e.g. equipment, materials, field work, software, travel, producing publications, etc.

|  |  |
| --- | --- |
| Add or delete rows from this table as applicable |  |
|  |  |
|  |  |
|  |  |
| TOTAL |  |

Expected commencement date: Click here to enter a date.

Expected date of completion: Click here to enter a date.

PROPOSED RESEARCH SUPERVISOR

|  |  |  |
| --- | --- | --- |
| **Title** | **Full name** | **Institute** |
| Click here to enter their academic title. | Click here to enter the full name of your supervisor. | Tertiary institute where they work |

ACADEMIC RECORD

|  |  |
| --- | --- |
| Name of degree or diploma  Click here to enter text. | Year attained  Click here to enter text. |
| Major academic field  Click here to enter text. | Tertiary institute  Click here to enter text. |

|  |  |
| --- | --- |
| Name of degree or diploma  Click here to enter text. | Year attained  Click here to enter text. |
| Major academic field  Click here to enter text. | Tertiary institute  Click here to enter text. |

|  |  |
| --- | --- |
| Name of degree or diploma  Click here to enter text. | Year attained  Click here to enter text. |
| Major academic field  Click here to enter text. | Tertiary institute  Click here to enter text. |

Please list any awards you will hold during the tenure of this award, including their monetary value:

Click here to enter names of scholarships or awards, and their p.a. value. This includes paid study leave.

Please list all scholarships or awards which you have held in the past:

Click here to enter names of scholarships or awards.

Academic research experience, in chronological order, earliest first:

Click here to enter experience, and give years this was undertaken

Please list any refereed publications, books, patents, or reports published or accepted for publication that you have authored.

Click here to enter a bibliography of your work.

**Please attach a certified copy of your up-to-date academic record, or a current downloaded version of your unofficial transcript, accompanied by a statutory declaration (a statutory declaration form is available at the end of this application form).**

FUTURE GOALS

What are your aspirations for the future?

Click here and write up to 300 words.

REFERENCES

You must provide a verification statement signed by the Head of Department or Dean, as applicable (see next page) of the institute which will be hosting you as researcher during this project. Please give their title, full name, the institute where they are employed, and their position here:

Click here to enter the details of your HOD or Dean.

We also require confidential references from two referees acquainted with your academic work, one of whom must have been one of your doctoral supervisors. Please notify them to email us one of the reference forms below, and provide their names and email addresses here:

|  |  |
| --- | --- |
| Name  Click here to enter the first referee’s full name, and their title. | Email address  Click here to enter text. |
| Name  Click here to enter the second referee’s full name, and their title. | Email address  Click here to enter text. |

FINAL CHECK

Please check each statement to confirm you have met all requirements:

|  |  |
| --- | --- |
| I have read the purpose and regulations of the award |  |
| I have given full details in every section |  |
| I have enclosed all the supporting documents required, including a certified copy of proof of my Permanent residency or citizenship status, and **either** a certified copy of my official transcript **or** my downloaded unofficial transcript accompanied by a statutory declaration |  |
| I have included a completed Verification Statement |  |
| I have asked two referees to email a confidential report |  |

**The Selection Panel will NOT consider applications that do not contain the required information.**

Please keep a copy of your application.

Your signature: Date: Click here to enter a date.

Please send this completed application form, together with the completed verification statement, and certified copies of your official academic record or a statutory declaration accompanying your current unofficial transcript, and evidence of New Zealand Citizenship or Permanent Residence, by:

* Email attachment to [awards@kateedgerfoundation.org.nz](mailto:awards@kateedgerfoundation.org.nz)

All applicants will receive an email confirmation that the application has been received. If you do not receive an email, please contact the Awards Coordinator at [awards@kateedgerfoundation.org.nz](mailto:awards@kateedgerfoundation.org.nz)

**Closing dates: 22 July 2024, 10 February 2025**



POST-DOCTORAL RESEARCH AWARD

Verification Statement

The purpose of these Post-Doctoral 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 to the applicant. It is her responsibility to send on her application with this statement attached.**

APPLICANT TO COMPLETE

Applicant’s Name: Click here to enter text.

Research title: Click here to enter text.

HEAD OF DEPARTMENT/DEAN TO COMPLETE

The above named applicant for the Post-Doctoral Research Award has received official approval from Click here to enter text 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.

Name: Click here to enter your full name.

Position: Choose an item.

Tertiary Institute: Click here to enter the name of your university/other tertiary provider.

Signed: Date: Click here to enter a date.



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Please complete the following form and e-mail to [awards@kateedgerfoundation.org.nz](mailto:awards@kateedgerfoundation.org.nz) using the subject line ‘Post-Doctoral Research Award’.

|  |  |
| --- | --- |
| **Applicant** | **Referee** |
| Name: Click here to enter applicant’s name. | Name: Click here to enter referee’s name. |
|  | Institute: Type name of tertiary institute. |
|  | Department: Click here to enter department. |
|  | Position: Click here to enter job position. |

The above named applicant for a Post-Doctoral Research 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, and any other information you consider relevant to this application.

Click here to enter text.

How long have you known the applicant?

Click here to enter text.

In what capacity do you know the applicant?

Click here to enter text.

Signed: Date: Click here to enter a date.



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|  |  |
| --- | --- |
| **Applicant** | **Referee** |
| Name: Click here to enter applicant’s name. | Name: Click here to enter referee’s name. |
|  | Institute: Type name of tertiary institute. |
|  | Department: Click here to enter department. |
|  | Position: Click here to enter job position. |

The above-named applicant for a Post-Doctoral Research 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, and any other information you consider relevant to this application.

Click here to enter text.

How long have you known the applicant?

Click here to enter text.

In what capacity do you know the applicant?

Click here to enter text.

Signed: Date: Click here to enter a date.

STATUTORY DECLARATION

For downloaded documents

**I**

Click here to enter your full legal name

**of**

Click here to enter your residential address.

**solemnly and sincerely declare that the following documents (copies of which are attached to this declaration) have been obtained and printed without alteration from the internet or email sources**

¶ *Note: what you write must be true. You can be prosecuted for making a false declaration*.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | *Date downloaded* | *No of pages* |
| A | Click here to enter a description of document A. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |
| B | Click here to enter a description of document B. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |
| C | Click here to enter a description of document C. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |

¶ *Note: do not complete the section below until you are with the Justice witnessing your declaration*.

**I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**

Your signature:

Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ before me:

|  |
| --- |
|  |

Signed:

Justice of the Peace for New Zealand