

The Meath Foundation Fellowship 2017

Application form

*Completed application forms should consist of the applicants personal details, Signatures of support from Line Manager and Executive Team Lead / Clinical Director, a two page research proposal, detail costings, Supervisors details with a one page C.V. along with a letter of recommendation.*

Name ……………………………………………………………

Nationality …………………………………………………………..

Non-EU applicants must provide evidence of work permit/residency with their application which must be valid to cover the term of the award

PPS Number ………………………………………………………….

Address …………………………………………………………

…………………………………………………………

…………………………………………………………

…………………………………………………………

Date of birth …………………………………………………………

Occupation …………………………………………………………

Tallaght Hospital Personnel Number**…………………………………**

Date employment commenced ……………………………………..

Mobile Number ………………………………………………………

Landline Number …………………………………………………….

E-mail…………………………………………………………………

Sex Male…………… Female…………

**Educational Qualifications**

Please include the awarding university, college or institute along with final results received and date of commencement and completion. If a PhD or equivalent is in-progress at the time of this application, please provide details

|  |  |  |  |
| --- | --- | --- | --- |
| Institute | Study | Grade point average / Final Results | Date commenced & Completed |
|  |  |  |  |
|  |  |  |  |

**Additional information**

|  |
| --- |
|  |

**Employment History**

Please provide information on your employment history to include

Name and address of employer(s) Title of post, date appointed

|  |  |  |  |
| --- | --- | --- | --- |
| Current Position | Title of post | Date Appointed | Annual salary |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Research Awards**

Do you currently hold, or have you in the past obtained grant funding from The Meath Foundation or any other institution? Please give details

|  |
| --- |
|  |
|  |
|  |

**Research Achievements**

Please provide details on any Research awards, publications, creation of data sets and databases, prizes posters etc.

|  |
| --- |
|  |
|  |

**Other relevant information**

|  |
| --- |
|  |

The Project will be carried out from DD/MM/20YYuntilDD/MM/20YX

Signature of applicant………………………………………………………..

Date……………………………………………….

This application must be supported and signed by your Line Manager and Executive Management Team Lead / Clinical Director

Signature (*Line Manager)*……………………………………………..

Name (please print)……………………………………………Date………………………..

Signature (*Executive Team Lead)* ……………………………………..

Name (please print)……………………………………………Date………………………

RESEARCH PROPOSAL (Notes only - not to be returned with final papers)

*Research proposal - (Please bear in mind this could be read by non-specialists as well as peers and should be written in order to communicate effectively with them)*

*Submit two A4 pages only*

*Please state if your research proposal is:-*

Clinical trials

Bench-based research at the Meath Foundation Research Laboratory / Other Laboratory

Population and Public Health Study

Quality, Safety or Risk Study in Healthcare Management

Health Services Management Study

Other

*Please Include*

Background - Citing relevant literature

Supporting Data

Hypothesis or Research Question

Outline Programme of Research

Gantt Chart/Timeline identifying key project milestones

**Detailed Costings**

Please note all costs including Employers PRSI costs must be calculated

|  |  |
| --- | --- |
| Salary | Applicant |
| **Average number of hours per week to be charged to the grant** |  |
| **Contracted working week as a % of full time work** |  |
| **Gross Salary** |  |
| **Employers PRSI Costs – see below** |  |
| Employers PRSI rates   |  |  | | --- | --- | | Weekly pay band | EE ER | | €38-€352 | Nill 8.50% | | €352.01-€356 | 4.00% 8.50% | | €356.01 - €500 | 4.00% 10.75% | | €500 plus | 4.00% 10.75% |   For more information on PRSI rates check out  <http://www.welfare.ie/EN/Publications/SW14/sw14_12/Pages/ClassA.aspx> |  |

**Other Costs associated with this grant**

|  |  |
| --- | --- |
| University/ Education Institute Fees |  |
| Materials /Consumables: please state item and number ( including VAT) |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Travel costs /Accommodation |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Other directly allocated cost |  |
|  |  |
|  |  |
| **Total Salary Costs ( Including Employers PRSI costs** |  |
| **Total non-pay costs associated with the grant application** |  |
| **Grand Total** |  |

**Supervisors Details**

Name of Supervisor …………………………………………………………….

Address ……………………………………………………………

……………………………………………………………

…………………………………………………………….

……………………………………………………………

E-mail ………………………………………………………………………

Mobile Number ………………………………………………………….

Landline Number ………………………………………………………….

**Present / previous appointment(s)**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Supervisory Experience**

1. Number of MD/Phd's supervised to completion
2. Current value of active research grants if any
3. Number of researchers currently being supervised

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other relevant information**

|  |
| --- |
|  |

Signature of Supervisor…………………………………………

Date …………………………………………..

(You may attach your C.V. – One A4 sheet only with relevant details)

**Please attach your letter of recommendation**

***All papers must be returned by e-mail to*** [***meathfouldation@amnch.ie***](mailto:meathfouldation@amnch.ie) ***by 12 noon on Friday***