

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 …………………………………………………………

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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

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

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**Employment History**

Please provide information on your employment history to include

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

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

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**Research Achievements**

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

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**Other relevant information**

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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

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| --- | --- |
| 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**

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

**Supervisors Details**

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

Address ……………………………………………………………

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E-mail ………………………………………………………………………

Mobile Number ………………………………………………………….

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

 **Present / previous appointment(s)**

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**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

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**Other relevant information**

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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*** ***by 12 noon on Friday***