

**Meath Foundation Research Fellowship Application form**

***All papers must be submitted by e-mail to:*** [***meathfoundation@tuh.ie***](mailto:meathfoundation@tuh.ie)

***Closing date: 12 noon Thursday 31st January 2019***

*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Please print)*

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**CONTACT DETAILS**:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tallaght University Hospital Staff Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date employment commenced/to commence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

|  |  |  |  |
| --- | --- | --- | --- |
| Awarding Body | Course/Study | Grade point average / Final Results | Date commenced & Completed |
|  |  |  |  |
|  |  |  |  |

**Additional information**

|  |
| --- |
|  |

**EMPLOYMENT HISTORY**

Please provide information on your employment history:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **Title of position** | **Date Appointed** | **Date**  **Left** | **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? Yes/No

If the answer is ‘Yes’ please give details below.

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

**RESEARCH ACHIEVEMENTS**

Please provide details of any Research Grant awarded, patents held or pending, publications, creation of data sets and databases, prizes, posters etc.

|  |
| --- |
|  |
|  |

**OTHER RELEVANT INFORMATION**

|  |
| --- |
|  |

Duration of Project: \_\_\_\_\_\_\_\_\_months It is intended that the Project will commence on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have discussed this application with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and as his/her Line Manager I agree that I fully support this application.

**Signature of Line Manager**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have discussed this application with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and as his/her Executive Team Lead/Clinical Director I agree that I fully support this application.

**Signature of Executive Team Lead/Clinical Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESEARCH PROPOSAL**

*(Please bear in mind when writing your proposal that this could be read by non-specialists as well as peers and should be*

*written in a way to communicate effectively)*

* Submit two A4 pages only
* Please state if your research proposal is:

1. *Clinical trials*
2. *Bench-based research at the Meath Foundation Research Laboratory/Other Laboratory/Population and Public Health Study*
3. *Quality, Safety and/or Risk in Healthcare Management*
4. *Health Services Management*
5. *Other (please specify)*

* Please Include the following:

*Background - Citing relevant literature*

*Supporting Data*

*Hypothesis or Research Question*

*Outline Programme of Research*

*Gantt Chart/Timeline identifying key project milestones*

Research Proposal – page 1

Research Proposal – page 2

**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 –** For more up-to-date information on PRSI rates check out  <http://www.welfare.ie/EN/Publications/SW14/sw14_12/Pages/ClassA.aspx> **or check with Human Resources Department** |  |

**Other Costs associated with this grant**

|  |  |
| --- | --- |
| University/Education Institution 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:** |  |

**SUPERVISOR DETAILS**

Name of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details:

Address for correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief Summary of Career**

|  |
| --- |
|  |

**Supervisory Experience**

|  |  |
| --- | --- |
| Number of MD/PhD's supervised to completion |  |
| Current value of active research grants, if any |  |
| 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**

**Version 2018/1**