

**Meath Foundation Research Fellowship Application form 2020**

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

***Closing date: Tuesday 31st March 2020***

*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*

Contact address: ………………………………………………………

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Job Title: …………………………………………………………

Tallaght University Hospital Staff Number *(if currently a staff member)*…………………………………

Date employment commenced/to commence: ……………………………………..

Contact details: Mobile Number: ………………………………………………………

E-mail address: …………………………………………………………………

**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 |
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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

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

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

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**Research Achievements**

Please provide details of any research grant 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: …………………………………………….. 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:………………………………………….. 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 order 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*

1. *Quality, Safety and/or Risk in Healthcare Management*
2. *Health Services Management*
3. *Other (please specify)*

* Please Include the following:

1. *Background - Citing relevant literature*
2. *Supporting Data*
3. *Hypothesis or Research Question*
4. *Outline Programme of Research*
5. *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** |  |
|  |  |

**Other Costs associated with this grant**

|  |  |
| --- | --- |
| 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 |  |
|  |  |
|  |  |
| **Total Salary Costs (including Employers PRSI costs)** |  |
| **Total non-pay costs associated with the grant application** |  |
| **Grand Total:** |  |

**Supervisor Details**

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

Contact Address ……………………………………………………………

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……………………………………………………………

E-mail ………………………………………………………………………

Mobile Number ………………………………………………………….

**Brief Summary of Career**

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**Supervisory Experience**

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

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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**

***December 2019***