

**Research Fellowship Application Form 2023**

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

**Closing date 12 noon Wednesday 8th March 2023**

**Application should be with EMT Lead by at least 22nd February 2023 for sign off**

*Completed application forms should consist of the applicant’s personal details, Signatures of support from Line Manager and Executive Team Lead / Clinical Director, a research proposal (max 2,000 words), detail costings, Supervisors details with a one page C.V. along with a letter of recommendation.*

1. **Personal Details**

**Name of Applicant Address for correspondence**

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| --- | --- | --- | --- | --- |
| Surname |  |  |  | |
| Forename |  |  |  | |
| Title |  |  |  | |
| Email address: | |  | Mobile No.: |  |  |  |

**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*

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

**Present appointment and date commenced**

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**Brief summary of career**

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**2. Title and lay Summary of Project (Not to exceed 1,000 words)**

***Please discuss originality of this proposal and its relevance to improving healthcare.***

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**3. Educational Qualifications including Awarding Body/ies; Qualification(s); Date(s) Awarded**

If a PhD or equivalent is in-progress at the time of this application, please provide details:

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**4. Any additional information you wish to provide regarding your education/qualification/career**

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**5. 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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| --- | --- | --- | --- |
| **Employer** | **Title of position** | **Date Appointed** | **Date Left** |
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**6. 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 of the awarding body; the research undertaken; publications; creation of data sets and databases; prizes; posters etc.

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**7. Other relevant information**

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**8.** The Project will be carried out from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I have discussed this application with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and as his/her Line Manager and 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 and

I agree that I fully support this application.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**10. 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)*

* Maximum of 2,000 words
* 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

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| **Salary** | **€** |
| **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 – please consult with your HR Department to confirm** |  |
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**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:** |  |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please attach your C.V. with relevant details only)

**Please attach your letter of recommendation**

***January 2023***