



Nomination Form

Irish Research Council-European Space Agency Traineeship Scheme 2017

Please email this completed nomination form with all other documentation to esa@research.ie in PDF format. HEIs may nominate five candidates. The deadline for applications is 0900am Irish time, August 10th.

HIGHER EDUCATION INSTITUTION SECTION

Institution	
Research Office contact name	
Email	
Phone	
Academic referee title and name	
Position	
School	
Department	
Email	
Form in Irish	

RESEARCH OFFICE DECLARATION

I declare that all of the information provided in this nomination form is correct. I confirm that should it become apparent that any of the information herein is inaccurate or unverifiable with appropriate documentation, it will result in the nomination being automatically deemed ineligible.

Name	
Postion	
Signature	

Typed signatures are acceptable and binding





NOMINEE DETAILS

Form in Irish

Title		
First Name		
Middle Name		
Last Name		
Gender		
Address		
Address 2		
City		
Country		
Phone		
Email		
First preference		
Second preference		
What is your nationality?*		
*Your passport issuing country		
Will you have been resident* in Ireland for a continuous period of three of the five years preceding 1 October 2017?		

	Yes	Νο
Have you completed a master's degree between January 1, 202	•	h HEI, or will have completed a master's ?
	Yes	No
l confirm l will be avail	able to begin the traine	eeship during October 2017.

No

Yes

2





STATEMENT OF MOTIVATION

Nominees, please provide a statement of motivation outlining why you wish to go forward for this opportunity and how it fits into your developmental plans. Do not exceed the one page limit supplied (4000 characters).





EDUCATION

		Bachelor's Degree
Qualification	type and name	
Institution		
Overall grade		Graduation date
C		
		Second Bachelor's Degree (if applicable)
Qualification	type and name	
Institution		
Overall grade		Graduation date
Overall grade		
		Masteria Degree
Overlift entire a		Master's Degree
	type and name	
Institution		
Overall grade		Graduation date
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		Second Master's Degree (if applicable)
Qualification	type and name	
Institution		
Overall grade		Graduation date
		Other Degree (if applicable)
Qualification	type and name	
Institution		
Overall grade		Graduation date
-		
		NOMINEE DECLARATION
I declare that a	all the informatio	n given in this form is correct and give permission for enquiries
		atters as age, qualifications, experience and character for the
release by other people or oganisations. I confirm that should it become apparent that any of the information provided is inaccurate or unverifiable with appropriate documentation, it will		
	•	
result in the a	pplication automa	atically being deemed ineligible.
Name		
Signature		

Typed signatures are acceptable and binding