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| **V:\IRC Logo\IRC Logo.jpg** | | |  | |
| **GOVERNMENT OF IRELAND POSTDOCTORAL FELLOWSHIP SCHEME**  **Request for permission to preform additional work**   * The Irish Research Council is appreciative of the many demands placed on Postdoctoral Fellows in their research careers and has developed the scheme to enable Fellows to make the successful completion of their funded research project their primary focus. However, the Council is also very aware of the need for Fellows to gain appropriate experience to develop their career post-fellowship. * Appropriate and relevant work experience gained while undertaking a Fellowship can create career development opportunities. Such work can provide invaluable experience and is a useful extension to research training. However, the workload should not be excessive and should not prevent researchers from carrying out their research activities, particularly at the beginning of their careers. * On that basis, please note that all work must be in accordance with the Terms and Conditions and that this work should not exceed a total of 50 hours per academic term. Furthermore, the work must be relevant to the research funded by the Fellowship and consistent with the training and career development plan agreed by the Fellow and Academic Mentor. * Please note the Irish Research Council will only consider requests made in advance. * A new request must be submitted for each academic year/term, as appropriate. | | | |
| **Section 1 – For completion by Fellow** | | | |
| Name of Fellow:  (BLOCK CAPS) | Project ID: | | |
| Institution: | | | |
| Email address: | | | |
| ***Details of Work Request*** | | | |
| Number of Work Hours (the permissible maximum is 50 hours per academic term): | | | |
| Academic Term: | | | |
| Name of module: | | | |
| Module Description (and brief note on how it relates to the research project): | | | |
| Signature: | Date: | | |
| **Section 2 – For completion by Mentor** | | | |
| I hereby confirm that I fully support the above request. | | | |
| Name:  (BLOCK CAPS)  Signature: | Position:  Date: | | |
| **FOR OFFICE USE** | | | |
| Received: | Approved (√): Yes | No | |
| Comments: | | | |

Please return signed form to [postdoc@research.ie](mailto:postdoc@research.ie). (Electronic signatures are acceptable.)