**Irish Research Council**

**Researcher of the Year Award 2017**

**Nomination Form – Category 1 (Researcher of the Year Currently Based in Academia)**

**Completed Forms Not to Exceed 5 Pages** Use Calibri 11.5 Font, Dates as MM-YY

**NAME**

**CURRENT POSITION**

DATE Role, faculty, HEI, country

**RESEARCHER UNIQUE IDENTIFIER (E.G. ORCID, RESEARCH ID, ETC.)**

**PHD:**

DATE *(of conferring)* Awarding institution

1. **EXCELLENCE IN RESEARCH – evaluated on the basis of published work; national and international acknowledgements; research awards secured.**

List a maximum of three publications for which you were lead author and describe how each one made an impact in your field of research.

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| --- | --- | --- | --- |
| **Title of lead-authored work** | **Type of publication** | **Journal/series/ Publisher as relevant** | **Impact of work** |
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List a maximum of three competitively acquired, research awards (may include national and international acknowledgements, research awards secured, fellowships, medals etc.).

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| --- | --- | --- | --- |
| **Research Award** | **Value** | **Duration** | **Outputs/Impact** |
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**PATENTS/LICENSES (if applicable).**

DATE Name

**2) DEMONSTRATION OF LEADERSHIP IN THEIR FIELD**

**SUPERVISION OF GRADUATE STUDENTS AND POSTDOCTORAL FELLOWS (if applicable).**

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| --- | --- | --- | --- |
| **Name of Faculty/Department Name of Institution, Country** | **Master students** | **PhD students** | **Postdoctoral Fellows** |
| Ongoing | Completed | Ongoing | Completed | Ongoing | Completed |
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**INSTITUTIONAL RESPONSIBILITIES (if applicable)**

DATE Specify role, e.g. Faculty member, member of the Faculty committee

**INNOVATIVE TEACHING ACTIVITIES (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Faculty/Department Name of Institution, Country** | **Date (from – when)** | **Module**  | **Describe innovative practice in teaching**  |
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**MAJOR COLLABORATIONS (if applicable)**

DATE Name of collaborators, topic, name of faculty/department, name of institution, country

**MEMBERSHIP OF SOCIETIES (if applicable)**

DATE Type of membership/role, name of society/network

**COMMISSIONS OF TRUST (if applicable)**

DATE Reviewer; Editorial Board member, etc.

 Name of Faculty/Department, Name of Institution, Country

**OTHER EVIDENCE (if applicable)**

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**3) COMMUNICATION - Demonstration of commitment and ability to communicate the nature and impact of their research beyond their peers:**

**OUTREACH ACTIVITIES (If applicable)**

DATE Please specify your role; name of event; type of event; number of participants; country

**EVENT ORGANISATION (if applicable)**

DATE Please specify your role; name of event; type of event; number of participants; country

**COMMUNITY/INDUSTRY ENGAGEMENT (If applicable)**

DATE Please specify your role; name of event; type of event; number of participants; country

**OTHER EVIDENCE (if applicable)**

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**4) IMPACT OF RESEARCH ON KNOWLEDGE, SOCIETY OR INNOVATION:**

**IMPACT ON POLICY/PRACTICE (if applicable)**

DATE Specify impact

**NEW APPLICATIONS OF RESEARCH (if applicable)**

DATE Specify

**OTHER EVIDENCE (if applicable)**

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