

**Department of Finance History Fellowship**

**APPLICATION FORM**

Applications should be submitted by email to by email to[*financehistory@research.ie*](mailto:financehistory@research.ie).

No other means of application will be accepted.

**DEADLINE FOR SUBMISSION: 5pm Irish time on 28 February 2019**

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| APPLICANT DETAILS: | |
| Full Name (including title) |  |
| Current position (including department and institution i.e. where the prospective grant will be held and administered) |  |
| Address |  |
| Department/Institution where award will be hosted and administered (if different from above) |  |
| Telephone (Landline) |  |
| Telephone (Mobile) |  |
| Email address |  |

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| PROFILE: | |
| Title of proposed project | Department of Finance History Fellowship |
| Research qualification(s)  (title, year awarded and institution) |  |
| Discipline/Subject Area(s) |  |
| Total Budget requested | € |
| Summary of your proposal to undertake this work (max. 300 words) |  |

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| Please list your top research outputs over the last five years and describe the impact of your work on the area of research (max. 300 words) |  |

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| LIST RESEARCH PROJECTS (national and international) IN WHICH YOU ARE CURRENTLY INVOLVED OR FOR WHICH YOU HAVE RESPONSIBILITY.  (Indicate under Title of Project if you are coordinator or partner of the project.) | | | |
| *Title of Project* | *Source of Award* | *Amount* | *Duration* |
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| How many researchers do you currently supervise/mentor, if applicable, or have you supervised within the last five years? | | | |
| Senior Research Fellows: |  | Postdoctoral Researchers: |  |
| Postgraduate Students: |  | Other: |  |

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| METHODOLOGY: Outline the proposed methodology to successfully implement the work of the project and to a high standard over the project period. Plans and timelines should be clearly set out. (max. 400 words) |
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| PROJECT SKILLS AND RESOURCES: Outline the skills and resources that will be brought to the project, including those of the institutional host organisation (max. 400 words) |
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| CO-ORDINATION WITH DEPARTMENT OF FINANCE: Outline the proposed approach(es) to ensure effective coordination and communication with the Department over the duration of the project (max. 300 words) |
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| IN ADDITION TO COMPLETION OF THE SECOND HISTORY VOLUME FOR PUBLICATION, DO YOU HAVE PLANS/MEASURES FOR FURTHER DISSEMINATION OF THE OUTPUTS OF THIS WORK?  IF SO PLEASE DESCRIBE  (max. 300 words). |
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| DOES THE RESEARCH PROPOSAL OUTLINED IN THIS SUBMISSION REQUIRE APPROVAL BY THE RELEVANT UNIVERSITY/INSTITUTIONAL ETHICS COMMITTEE? (tick) | YES | NO |
| *If there are ethical implications of the research project, please provide details of what they are and how they will be addressed:* | | |

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| DOES YOUR INSTITUTION HAVE A POLICY ON GOOD CONDUCT IN RESEARCH? (tick) | YES | NO |
| *If yes, please indicate where these policies can be accessed:* | | |

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| EXTERNAL REFEREE 1: CONTACT DETAILS (whom the Council may contact).  Please inform the referee of this possibility. | |
| Full Name (including title) |  |
| Position Held (including department and institution) |  |
| Full address |  |
| Telephone (Landline) |  |
| Telephone (Mobile) |  |
| Email address |  |

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| EXTERNAL REFEREE 2: CONTACT DETAILS (whom the Council may contact).  Please inform the referee of this possibility. | |
| Full Name (including title) |  |
| Position Held (including department and institution) |  |
| Full address |  |
| Telephone (Landline) |  |
| Telephone (Mobile) |  |
| Email address |  |

APPLICANT’S DECLARATION

I declare that the above particulars are correct. I accept that failure to abide by the terms and conditions may disqualify me from this scheme. I authorise the Irish Research Council to verify, if necessary any of the information supplied in this application.

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| Signature of applicant |  |
| Date |  |

ENDORSEMENT BY HOST INSTITUTION

I hereby endorse this application to the Irish Research Council in accordance with the terms and conditions. By endorsing this application, I am confirming that the institution will, if this proposal is successful, discharge its obligations as required under terms and conditions as set out.

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| Signature of Head of Department/  Head of School/Faculty or equivalent  (please indicate position held) |  |
| Date |  |

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| Signature of Vice-President for Research or equivalent; or authorised signatory  (please indicate position held) |  |
| Date |  |

Institutional Stamp

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