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| **REQUEST FOR PERMISSION TO SUSPEND FELLOWSHIP*** Fellowships are intended to be held on a continuous basis without a break. However, if a Fellow has any change in circumstances that will affect their Fellowship (e.g. if a period of suspension is required due to prolonged sick leave, maternity leave, paternity leave, adoptive leave or carer’s leave), the Fellow must inform and seek prior approval from the Council. In such instances, medical certificates will be required.
* Fellows are advised to organise the supporting documentation and request before contacting the Council.
* The Irish Research Council will only consider requests made in advance of the period of suspension.
* Please note that it is the Fellow’s responsibility to notify the relevant authorities in their Higher Education Institution that the Fellowship has been suspended.
* Please note that where possible the start and finish dates for the period of suspension should be the first/end of the month: i.e. 1 October -31 March.
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| **Section 1 – For completion by Fellow** |
| Name of Fellow:(BLOCK CAPS) | Year of Award: |
| Institution:  |
| Email address: |
| *Details* |
| Reason for suspension: | Illness (√)  |  |
| Maternity leave(√) |  |
| Other (√) Please specify |  |
| Please give a brief outline of your reasons for requesting a period of suspension of your Fellowship: |
| Duration of suspension:Start: and finish:  |
| If period of suspension is required due to illness or maternity leave, have you included medical certificates? | Yes (√) |  |
| No(√) |  |
| Signature: | Date:  |
| **Section 2 – For completion by Mentor** |
| I hereby confirm that I support the request to suspend the Fellowship as outlined above. |
| Name: (BLOCK CAPS)Signature:  | Position: Date: |
| **Section 3 – For completion by Head of Department/ Research Office/Dean of Graduate Studies or their authorised nominee** |
| I hereby confirm that *[insert HEI name]* supports the request to suspend the Fellowship as outlined above. |
| If request to suspend award is due to maternity leave, please confirm whether the Fellow in question is entitled to paid maternity leave according to the internal institutional policy. | Yes (√) |  |
| No(√) |  |
| Name: (BLOCK CAPS)Signature:  | Position:Date: |
| **FOR OFFICE USE**  |
| Received:  | Approved (√): Yes | No |
| Comment: |