An Expression of Interest (EoI) form must be submitted to [laureate@research.ie](mailto:laureate@research.ie) by the applicant **via** their proposed institution’s Research Office. Their **Research Office must sign and submit the EoI form on their behalf on or before 4pm (Irish time), Friday 27 August 2021**. Direct submissions by the applicant will not be accepted. Failure of the research office to submit an EoI by this deadline will disqualify applicants from submitting a full proposal. This will be strictly enforced.

This form will not be used for assessing the application.

EoIs are used by the Council to allow for early and accurate sourcing of international peer reviewers. In the course of recruitment, the lay abstract provided in the EoI may be used to ensure sufficient expertise of the peer reviewer. No personal identifying information will be provided to potential peer reviewers during reviewer recruitment.

As peer review is confidential, reviewers will be required not to share EoI abstracts. This applies both during and after the recruitment process.

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| **APPLICANT DETAILS** |

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| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Proposed Hosting Irish Research Body** |  |

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| **PROJECT DETAILS** | |
| **Please select your discipline and sub-dicipline(s) from the list specified under the ‘Call Documents’ sidebar on the call page (**[**research.ie/funding/ircla/**](https://research.ie/funding/ircla/?f=principal-investigator-led)**)** | |
| **Panel Domain: Life Sciences (LS); Physical Sciences & Engineering (PE); Social Sciences (SS); Humanities (H):** |  |
| **Discipline** |  |
| **Sub-Discipline(s):** |  |
| **Keywords, separated with semi-colons (‘;’)** |  |

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| --- |
| **Lay ABSTRACT (max 300 words)** |
|  |

**Project Details**

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| **Principal Investigator** |
| I certify that all details in this form are correct, and I consent to the sharing of lay abstracts with potential reviewers. |
| Name (including title):  Signature (electronic or original): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |