



OLLSCOIL na hÉIREANN - NATIONAL UNIVERSITY OF IRELAND

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POST-DOCTORAL FELLOWSHIP IN HISTORY (€40,000)

APPLICATION FORM 2010

Surname: _____ **Forename(s):** _____

Date of Birth (ddmmyyyy): _____ **Gender:** **M** **F**

Address for Correspondence: _____

Phone: _____ **Mobile:** _____

Email: _____

Have you previously entered for a NUI Post-Doctoral Fellowship? **YES** **NO**

If 'Yes', year of previous entry: _____

HIGHER EDUCATION AND PROFESSIONAL QUALIFICATIONS

Years registered from/to: (e.g. 2000 - 2003)	Qualifications	Subject Area	Level of Award	Institution	Year of Award

TITLE OF DOCTORAL THESIS

RESEARCH TO BE UNDERTAKEN DURING THE FELLOWSHIP

Subject Area

General Title of the research, which you propose to undertake during the tenure of the Fellowship.

NUI INSTITUTION WHERE YOU PROPOSE TO TAKE UP THE FELLOWSHIP

Please indicate the NUI institution and Department/School where you would wish to be based for the duration of the Fellowship, giving reasons for your choice.

NUI Institution & Department/School

ACADEMIC PUBLICATIONS

Please list the relevant publications **on a separate sheet** using the following format:

1. Title of article and journal details
2. If book, title of book and name of publisher
3. If relevant, name of co-author(s)
4. In the case of a multi-authored publication, extent of candidate's contribution
5. State whether in press, in review, submitted
6. If published, date of publication (mm yyyy)

PRIZES AWARDED

(continue on a separate sheet if necessary)

Title of Prize	Year Awarded

PAPERS READ

(continue on a separate sheet if necessary)

Title of Paper	Year Read

RELEVANT PROFESSIONAL APPOINTMENT(S)/EXPERIENCE(S)

Years from/to: (e.g. 2000 - 2003)	Name of Institution	Nature of Appointment/Experience

REFERENCES

State the names, titles and official addresses of the two persons to whom you have given the annexed confidential reference form.

The referees should preferably be chosen from university teachers, research supervisors or former employers who can fully testify to the quality of your research, if possible over the last three years. The reference forms should be returned directly to NUI.

NAMES AND ADDRESSES OF YOUR TWO REFEREES

1. _____ _____ _____ _____ Phone: _____ Email: _____	2. _____ _____ _____ _____ Phone: _____ Email: _____
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I certify that the above particulars are complete and accurate.

SIGNATURE _____

DATE _____