**Application for the NUI Dr Garret FitzGerald Post-Doctoral Fellowship**

**in the Social Sciences 2018**

Ollscoil na hÉireann

National University of Ireland

The Registrar,

49 Merrion Square,

Dublin 2, D02 V583, Ireland

Phone +353 1 439 2424

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www.nui.ie @NUIMerrionSq



Please complete all sections. Please write in block capitals.

Primary email for correspondence throughout the application process

If yes, please provide additional information with your application.

Classification, for example 1H or 2.1 Institution, for example UCD or UCC

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| **Data Protection**  NUI processes all personal data transparently and lawfully.  Please refer to NUI’s general Data Protection Policy, available at www.nui.ie  Specific data protection information relating to the NUI Dr Garret FitzGerald Post-Doctoral Fellowship  in the Social Sciences is available in the associated Regulations. |

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| APPLICATION CHECKLIST  Application must include:  A Application Form  B Research Proposal  C Abstract of Research Proposal  D Curriculum Vitae  E Certified Academic Transcript(s)  F Academic References (x2) |
| The closing date for receipt of completed applications is 6 July 2018. |

ref nui/awd/PDGDG| 05-2018

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| Surname | | | |  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name(s) | | | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent address | | | | | | | | | | | | |  | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of birth | | | | | | | |  | | | | | | | | | |  |  |  |  |  | |  |  | |  | | | |  | |  |  |  |  | | | | |  | | | |
| I identify my gender as | | | | | | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mobile / Phone | | | | | | | | | | |  | | | | | | |  |  |  |  |  | |  |  | |  | | | |  | |  |  |  |  |  |  |  | | | | | |
| Email | | |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you in receipt of funding from other source(s)? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | Yes | | | | | No | | | | | |
| Have you previously applied for an NUI Scholarship or Prize? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | Yes | | | | | No | | | | | |
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| If *Yes*, list the Scholarship or Prize and year of application | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |  | |  |  |  |  |
| Qualifications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Degree Title | | | | | | |  | | | | | | | | | | | | |  | Year conferred | | | | | | | | | | Classification | | | | | | Institution | | |  | | | | |
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| Research | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Research subject area | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title of research proposal | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Doctoral degree start and end date | | | | | | | | | | | | | | | | | |  |  |  |  |  | |  |  | |  | | | |  | | to | | |  |  |  |  | |  |  |  |  |
| Academic referees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic referee one | | | | | | | | | | | | | | |  | | | | | | | | |  | Academic referee two | | | | | | | | | | |  | | | | | | | | |
| Name | |  | | | | | | | |  | |  | | | | | | | | | | | |  | Name | | | |  | | | | |  |  | | | | | | | | | |
| Institution | | | | |  | | | | |  | |  | | | | | | | | | | | |  | Institution | | | | | | |  | |  |  | | | | | | | | | |
| Address | | | | |  | | | | |  | |  | | | | | | | | | | | |  | Address | | | | | | |  | |  |  | | | | | | | | | |
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| I declare that the information set out in this application is correct and I agree to the use of my personal data by NUI in accordance with the regulations for this Fellowship. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of signature | | | | | | | | | | | |  | | | | | |  |  |  |  |  | |  |  | |  | | | |  | |  |  |  | | | | | | | | | |
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