

**2023 APPLICATION FORM
POSTGRADUATE TRAINING by RESEARCH SCHOLARSHIP PROGRAMME**

**(MASTERS/DOCTORATE)**

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| **NOTES FOR APPLICANTS**• All applicants must complete the following application form.• Irish applicants from universities/institutes other than the Technological University of the Shannon: Midlands Midwest must furnish a certified copy of their degree/transcript of results• Non-Irish graduates must furnish the following documentation with their application:a) Certified copy of official transcript of courses taken, marks obtained and degrees previously obtainedb) Outline of the content and duration of the undergraduate course(s) followed |

***Please Complete this Form Legibly (in Block Capitals) in Ink.***

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| **1. PERSONAL DETAILS** |
| **SURNAME:** |       | **OTHER NAMES:** |       |
| **TITLE:** |  | **MAIDEN NAME:**(if applicable) |       |
| **TELEPHONE NO. (HOME):** |       | **(WORK):** |       |
| **CONTACT ADDRESS:** |       |
|  |
| **GENDER:** | **Female** [ ]  | **DATE OF BIRTH:** | **D** | **D** | **M** | **M** | **Y** | **Y** |
| **Male** [ ]  |  |  |  |  |  |  |
| **NATIONALITY:** |       | **COUNTRY OF BIRTH:** |       |
|  |  |  |  |
| **EMAIL**: |  |

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| **2. THIRD LEVEL QUALIFICATIONS** |
| Give the full particulars sought for each degree/diploma or qualification for which you are seeking recognition. |
| **Full Title of Degree/Diploma** | **University/****Institute** | **Date(s) of Attendance** | **Class/Level of Award** | **Main Subjects Studies** | **Date Conferred** |
|       |       |       |       |       |       |
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| ***Please use additional sheet(s) if required*** |

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| **3. EMPLOYMENT/INDUSTRIAL EXPERIENCE** |
| Give the full details sought for each period of work experience and training. |
| **Job Title** | **Name (and Address) of Organisation** | **Dates of Employment/Training** | **Responsibilities** |
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| ***Please use additional sheet(s) if required*** |

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| **4. PROPOSED DEGREE FOR WHICH YOU WISH TO BE CONSIDERED** |
| Please indicate for which research award you wish to be considered (please tick one of the following) |
| **MA** | **MBus** | **MEng** | **MSc** | **PhD** |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |
| **Faculty:** | Science & Health | [ ]  |  | Business & Hospitality | [ ]  |  | Engineering & Informatics | [ ]  |  |
| **Department:** |  |
|  |  |
| **Proposed Field of Research Work:** |
|       |
|  |
| **Proposed Supervisor:**(if already known/agreed) |       |
|  |  |
| **Commencement Date:** | October | [ ]  | February | [ ]  | June | [ ]  |
|  |
| **Proposed Completion Date:** |       |
|  |
| How do you intend to finance your programme of postgraduate study? | Self-Funding | Current Employer | Other Funding**\*** |
| [ ]  | [ ]  | [ ]  |
|  |
| **\***Please specify:  |

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| **5. SPECIAL NEEDS** |
| Please detail below if you have a physical or sensory disability or sensory disability that may require special facilities: |
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| **6. SUPPLEMENTARY INFORMATION** |
| **Personal Statement**: Please provide a short outline max of 500 words as to *why you wish to undertake the research.* |
| Give details of additional information that you may think will assist in the consideration of your application, e.g. professional qualifications, membership of professional bodies, professional/industrial experience, published academic work. |
|       |
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| Have you applied for the same degree at any other university/institute? | Yes | No |  |
| [ ]  | [ ]  |  |
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| Please supply information regarding the outcome of each application: |
|       |
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| **7. ACADEMIC REFEREES** |
| Give the full details of two academic referees willing, if requested, to support your application: |
| Name | **1** |       | **2** |       |  |
| Title |  |  |  |  |  |
| Institute/University |  |       |  |       |  |
| Institute/University Address |  |       |  |       |  |
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| Position (within organisation) |  |       |  |       |  |
| Telephone Number |  |       |  |       |  |
| E-mail |  |       |  |       |  |
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| I acknowledge that the particulars given in relation to this application are accurate and complete. |
| **Applicant’s Signature:** |  |
| **Date:** |       |
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**Please E-MAIL your completed application to:** **pro@tus.ie**