**Academic Reference Form**

**Evidence Synthesis Ireland Fellowship Scheme**

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| **To the Applicant:** Please complete Section A below and send the form to your referee.  Two completed Academic Reference Forms must be received by Evidence Synthesis Ireland(ESI)by  **13:00 (GMT) June 2nd 2019.**  **To the Referee:** Please complete this form to indicate the Applicant’s academic suitability and potential to undertake an ESI fellowship in evidence synthesis. Please return the completed form to [esi@nuigalway.ie](mailto:esi@nuigalway.ie)with the applicant’s name included in the file name and in the subject line of the email. The completed form must be received by **13:00 (GMT) June 2nd 2019.**  **Incomplete applications will not be assessed.**  For information about the fellowships please see [www.evidencesynthesisireland.ie](http://www.evidencesynthesisireland.ie) |
| **Section A (to be completed by Applicant)** |
| Name: |
| Contact Address: |
| Email Address: |
| **Section B (to be completed by Referee)** |
| Title and Name of Referee: |
| Contact Address: |

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| Email Address: |

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| *Tick (*🗸*) as appropriate*  **What is your relationship with the Applicant?**  Academic - Mentor/Advisor ☐ Employer ☐ Other ☐  **How well do you know the Applicant?**  Very well ☐ Reasonably well ☐ Not very well ☐  **How long have you known the Applicant for?**  More than 3 years ☐ between 2 and 3 years ☐ Less than 1 year ☐  If the Applicant’s first language is not English, please comment briefly on his/her proficiency in the language: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Evaluation of Applicant – in comparison with similar candidates with whom you have interacted.**  Tick (🗸)as appropriate | | | | | | | | |
|  | Excellent | Very Good | Good | Average | Poor | | Brief Justification (if desired) |
| Intellectual Ability | ☐ | ☐ | ☐ | ☐ | ☐ | |  |
| Academic / entrepreneurial Initiative | ☐ | ☐ | ☐ | ☐ | ☐ | |  |
| Research Capability | ☐ | ☐ | ☐ | ☐ | ☐ | |  |
| Analytical Capability | ☐ | ☐ | ☐ | ☐ | ☐ | |  |
| Research Motivation | ☐ | ☐ | ☐ | ☐ | ☐ | |  |
| Project / Teamwork | ☐ | ☐ | ☐ | ☐ | ☐ | |  |
| Ambition | ☐ | ☐ | ☐ | ☐ | ☐ | |  |
| Written / Oral Communication | ☐ | ☐ | ☐ | ☐ | ☐ | |  |
| Attention to detail | ☐ | ☐ | ☐ | ☐ | ☐ | |  |
| Statement on the Applicant’s research potential with specific reference to recent knowledge of the Applicant’s work and any particular supports the Applicant may require: | | | | | | | | |
|  | | | | | | | | |
| Signed: | | | | | | Date: | | |

Please submit the completed form to [esi@nuigalway.ie](mailto:esi@nuigalway.ie) before **13:00 (GMT) June 2nd 2019.**

***How to submit the Academic Reference Form***

***Referee:***

Email the form (either as a Word document or in PDF format) as an attachment with the **applicant’s full name in the subject line**.