

**ESI Fellowship Scheme 2024**

**Application Form**

**Application Process**

1. Complete an application form
2. Include a 2 page (maximum) CV with your application
3. Submit a signed electronic version as a **single** **PDF** e-mail attachment to esi@universityofgalway.ie by **the deadline indicated in the guidance notes**
4. Include “ESI Fellowship Scheme” in the email subject line.
5. Academic References - two references are required that indicate your academic suitability and potential to undertake the Fellowship
	1. Complete Section A in **two** copies of the Academic Reference Form and provide these to your referees.
	2. Each of your referees should complete Section B of the Academic Reference Form and submit to esi@universityofgalway.ie by **the deadline indicated in the guidance notes**

***Notes:***

* References from proposed Review supervisors/mentors will not be accepted.
* It is the Applicant’s responsibility to ensure that references are submitted by the deadline.
* References are supplied confidentially and are not made available to applicants at any stage during or after the competition.

Applicants are advised to read carefully the Guidance Notes, which outline the conditions of the Fellowship before completing an application.

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| **Application Summary** |
| NAME OF APPLICANT |  |
| DISCIPLINE |  |

# Application Form

**It is the responsibility of each applicant to check the word count in each section. Failure to comply within the word counts may result in your application being deemed ineligible without further review.**

# Details of the Applicant:

|  |  |
| --- | --- |
| **Applicant name** |  |
| **Title** *(Mr., Ms., Dr., Prof. etc.)* |  |
| **Current role** (include joint or academic appointments, or clinical roles) |  |
| **Institution/Organisation in the Republic of Ireland or Northern Ireland** |  |
| **Address** |  |
| **Contact phone number** |  |
| **E-mail address** |  |

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| **Choice of review***\* Please note that, at times, review topics may change due to rapidly adapting priorities of commissioners. Adaptibility of Fellows may be required.* |
| **Title of the review you are applying for** |  |
| **Type of Review you are applying for (e.g. Cochrane, mixed methods, rapid)** |  |
| **Contact Author on the review** |  |

**Review interest (300 words max)**

Outline briefly why you are interested in joining your chosen review. This relates to the review topic/clinical area as well as the specific evidence synthesis methodology to be used in the review.

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**Intended Fellowship impact (300 words max)**

Outline how the Fellowship will further progress your research interests and career trajectory. Specifically, highlight your learning needs in relation to evidence synthesis, and how this Fellowship will address these. Also, please address the potential impact of the Fellowship on policy, practice, and/or education in Ireland.

Please note that the scheme seeks to build capacity in evidence synthesis. It is therefore recommended that applicants **justify the new skills/knowledge they will accrue from this Fellowship**.

**Research outputs and contribution (300 words max)**

Describe your two most impactful research contributions\* to date. Explain briefly for each research contribution your specific role, and outputs and impacts arising from this contribution.

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***\*****Research contributions include peer-reviewed publications, research data, research material, databases, audio/video products, national and/or international reports or briefs, models and protocols, software, evidence of influencing policy and/or practice, outreach and/or knowledge exchange activities, media coverage or other relevant research-related activities.*

**Second preference review:**

If your chosen review is unavailable, please indicate if you would like to be considered for a second review\*\*:

|  |  |
| --- | --- |
| Yes  |  |
| No |  |

If yes, please detail:

|  |  |
| --- | --- |
| Title of your second preference review  |  |
| Contact Author on the review |  |

*\*\*Please note that second preferences will only be relevant if there are insufficient applicants/applicants of appointable status for that review*

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| **Declaration** |
| I confirm that I have read the Guidance Notes for the call and fully accept the conditions of the ESI Fellowship Scheme. I confirm I have the support of my employer (if applicable) to undertake the Fellowship.I declare that the particulars contained in this application are correct.  |
| **Signature of applicant** |  |
| **Name (Printed)** |  |
| **date** |  |