**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  **16:00 6th Feb 2025**  **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@universityofgalway.ie](mailto:esi@universityofgalway.ie) with the applicant’s name included in the file name and in the subject line of the email.  ***Incomplete applications will not be assessed.***  For information about the Fellowships please see [www.evidencesynthesisireland.ie/fellowships](http://www.evidencesynthesisireland.ie/fellowships) |
| **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 |
| 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: | | |

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

Referee to submit the completed form to [esi@universityofgalway.ie](mailto:esi@universityofgalway.ie)

Email the form (**in PDF format** only) as an attachment with the **applicant’s full name in the subject line**.