

 **SCHOOL OF MEDICINE**

 **DEGREE OF DOCTOR OF MEDICINE (MD) PROGRAMME 2024**

***Section to be completed by the principal supervisor (Data required for Athena Swan applications).***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Was position direct hire?** | **Yes** |  | **No** |  |
| **Was position advertised?** | **Yes** |  | **No** |  |
|  |  |
| **If Advertised, Number of Female Applications** |  |
| **If Advertised, Number of Male Applications** |  |
|  |  |
| **Selection process:** |  |
| **Interview** | **Yes** |  | **No** |  |
| **Written Application** | **Yes** |  | **No** |  |
| **References** | **Yes** |  | **No** |  |
|  |  |
| **If Interviewed, Total No Interviewed**  |  |
| **Number Female Interviewed** |  |
| **Number Male Interviewed** |  |
| **Number of offers before acceptance Female** |  |
| **Number of offers before acceptance Male** |  |

 **SCHOOL OF MEDICINE**

 **DEGREE OF DOCTOR OF MEDICINE (MD) PROGRAMME 2024**

***All sections must be completed, incomplete applications will be returned.***

 **SECTION 1: *(To be completed by the applicant)***

 **Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Last Name** | **First Name** | **Country of Citizenship** |
|  |  |  |  |
| **Date of Birth (dd/mm/yyyy)** | **Gender** | **Country of Birth** |
|  |  |  |
| **Permanent Address** |  |
|  |
|  |
| **Eircode *(For Irish addresses only)*** |  |
| **Telephone Number** |  |
| **Email Address** |  |

 **Proposed Start /Registration Date:**

|  |  |
| --- | --- |
| **September 2024** |  |

|  |  |
| --- | --- |
| **First Language** |  |
| **Second Language *(if Applicable)*** |  |

**Please note if English is not your first language please provide evidence of proficiency as per UCD’s regulations:**

<https://www.ucd.ie/registry/prospectivestudents/admissions/policiesandgeneralregulations/generalrequirements/minimumenglishlanguagerequirements/>

|  |  |
| --- | --- |
| **UCD student number *(If Applicable)*** |  |

**Qualifications:**

**PLEASE SUBMIT ENGLISH TRANSCRIPTS (Not required for UCD qualifications)**

|  |  |
| --- | --- |
| **Qualification** |  |
| **Overall Grade** |  |
| **Awarding Institute** |  |
| **Date of Attendance** |  |
| **Conferral Date** |  |

 **Details of Relevant Experience:**

|  |
| --- |
| **Hospital(s)/Clinical/Practice** |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Present Position (Including time devoted exclusively to research)\*** |
|  |
|  |
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|  |
|  |

 ***\*Please note that ordinarily an MD thesis requires at least 80% fully protected time over a two year***

 ***period.***

 **Details of Research:**

|  |
| --- |
| **Thesis Title** |
|  |
| **Short description of proposed research: (Nature and duration of research project**): ***Please attach separate 1,500 word proposal*** |
|  |

 **SECTION 2 *: (To be completed by the Principal Supervisor)***

**Principal Supervisor and Nominator:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First name** |  | **Last name** |  |
| **Email** |  |
| **UCD personnel number**  |  |
| **Section Affiliation** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Biomedical Science** | **Community, Forensic & Legal Medicine** | **Diagnostic Imaging** | **Medicine & Medical Specialities** | **Surgery & Surgical Specialities** | **Women’s & Children’s Health** |

 |
| **Subject Affiliation** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Clinical Pharmacology | Forensic & Legal Medicine | General Practice | Human Anatomy | Medical Informatics |
| Medical Microbiology | Medicine & Therapeutics | Obstetrics & Gynaecology | Oto-Rhino-Laryngology | Paediatrics |
| Pathology | Physiology | Psychiatry | Radiology | Surgery |

 |
| No. of full time students under primary supervision at present: | No. students supervised to completion: | Permanent member of UCD academic staff**Yes** **No**  If no, please indicate current status:\*Adjunct: **Yes** **No**  Academic Contract: **Yes** **No**  Start date/ End Date contract:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***\*If Adjunct Staff; Please see policy on Appointment of Adjunct staff available from:***

***https://www.ucd.ie/graduatestudies/documentrepository/***

***Please return completed form with current CV to*** ***medicine.research@ucd.ie***

**Co-supervisor: (*If Applicable*)**

 ***Inclusion of a permanent faculty co-supervisor is mandatory for all MD projects with an Ad Astra***

 ***Fellow or Adjunct staff member as the principal supervisor.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Last Name** |  |
| **E-mail** |  |

**Other Supervisor: (*If Applicable*)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Last Name** |  |
| **E-mail**  |  |

 **Research Studies Panel:** *For guidelines* [Research Studies Panel Terms of Reference](https://sisweb.ucd.ie/usis/%21W_HU_MENU.P_PUBLISH?p_tag=GD-DOCLAND&ID=219)

 **Chair:**

 ***The Chair of the RSP must be permanent UCD faculty.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Last Name** |  |
| **E-mail**  |  |

 **Advisor 1:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** |  |  | **First Name** |  | **Last Name** |  |
|  | **E-mail**  |  |

 **Advisor 2:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Last Name** |  |
| **E-mail**  |  |

**Details of Funding for Proposed Study Period:**

 ***Please state if these funds are guaranteed or if an application for funds has been made elsewhere.***

|  |  |
| --- | --- |
| **Source** |  |
| **Amount** |  |
| **Period**  |  |

**Confirmation Full Fees are Included in Funding for Duration of Programme:**

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

***If No: Please calculate approximate short fall in fees: €\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

[EU Fees Details](https://www.ucd.ie/students/fees/eucoursefees/)

[Non-EU Fees Details](https://www.ucd.ie/students/fees/noneucoursefees/)

***If self-funding, please attach co-signed letter by student and supervisor confirming fees and***

***associated costs are covered for the duration of the programme.***

 **LOCATION OF RESEARCH:**

 Is a substantial proportion of the student’s research to be carried out at an institution other than UCD or

 UCD-affiliated hospitals/Sites?

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **Location** |  |

**Ethics Approval:**

Is ethics approval required for this research?

|  |  |
| --- | --- |
| **Yes\*** |  |
| **No** |  |

***\*If Yes, evidence of approval must be provided with this application.***

 **Declaration By Principal Supervisor:**

|  |
| --- |
| **NOTE: *Emails from the named individuals are acceptable in the place of signatures – please attach copies.***I acknowledge that the particulars given by me in this application are in every respect true.I have read and understood the [Academic Regulations](https://www.ucd.ie/graduatestudies/documentrepository/) relating to this programme and am aware of my responsibilities |
| **Primary Supervisor** |  |
| **Signature** |  |
| **Date** |  |
| **Co-Supervisor** |  |
| **Signature** |  |
| **Date** |  |

**Referee Nominations for Student:**

|  |
| --- |
| Please enter the names, addresses and status of **TWO** referees who should be able to comment on your **academic suitability** for research. |
| **Referee** |  |
| **Status** |  |
| **Email Address** |  |
|  |
| **Referee** |  |
| **Status** |  |
| **Email Address** |  |

**Declaration By Applicant:**

|  |
| --- |
| **DECLARATION BY APPLICANT:** |
| I acknowledge that the particulars given by me in this application are in every respect true.I have read and understood the [Academic Regulations](https://www.ucd.ie/graduatestudies/documentrepository/) relating to this programme and are aware of my responsibilities.I confirm that I meet the [English Language Entry Requirements](https://www.ucd.ie/registry/prospectivestudents/admissions/policiesandgeneralregulations/generalrequirements/minimumenglishlanguagerequirements/) for UCD.*(Please attach certificates if applicable)*I acknowledge that UCD may seek verification of my qualifications as part of the normal admissions procedures. |
| **NAME** |  |
| **SIGNATURE** |  |
| **DATE** |  |

***Please submit the Administration fee of €150 euros (non-refundable), using the*** [***Online Payment Centre***](https://hub.ucd.ie/usis/W_CR_DISPLAY.P_WEB_PAYMENT?p_linked=Y&p_rsrc_code=FIN009)***. For payment of the MD administration fee of €150, please click on the above Online Payment Centre***

Please note the following when making this payment:

* Reference box: In the payment details section, please ensure that your full name is used as the reference for this payment.
* It is advised that you should use Google Chrome when making this payment as some browsers and phone browsers block the payments page.
* The online system accepts MASTERCARD, VISA and AMERICAN EXPRESS.
* The payer's credit card statement will list the payment as "UCD FINANCE OFFICE".

**SECTION 3: *(To be completed before submission by applicant)***

|  |  |
| --- | --- |
| **Item** | **Included in application (Yes/ No)** |
| Application Form (must be signed by Supervisor/s) - If the primary supervisor is adjunct, a permanent UCD academic co-supervisor is required |  |
| Transcripts of the Undergraduate Medicine Degree programme (in English) if non-UCD qualification\* |  |
| Research proposal\* |  |
| Confirmation of funding or confirmation of self-funding (letter) signed by both Supervisor and student\* |  |
| English language details/certificate must be provided\* |  |
| Research Studies Panel Details: Chair and at least one/preferably two advisors provided by Supervisor\* |  |
| Payment of application admin fee\* (link to how to pay this is above the MD application form) |  |
| Curriculum vitae (CV) |  |
| Ethical Approval |  |

**\*Mandatory**