



GMIT

GALWAY- MAYO INSTITUTE OF TECHNOLOGY
INSTITIÚID TEICNEOLAÍOCHTA NA GAILLIMHE-MAIGH EO

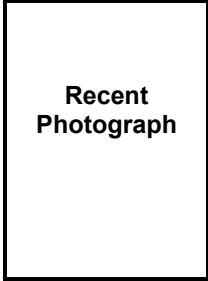
APPLICATION FORM FOR RESEARCH STUDENTSHIP
GALWAY CAMPUS

Please complete each section of this application as fully and as carefully as possible using block lettering. Additional information may be submitted as part of the application as an attachment to the form

This application will be treated in strict confidence

A short listing procedure may apply to the selection of candidates for interview

RESEARCH STUDENTSHIPS



Project Title: _____

Course of Study
(Masters / Ph.D)

PERSONAL DETAILS

SURNAME _____ FIRST NAME/S _____

PERMANENT ADDRESS _____

ADDRESS FOR CORRESPONDENCE (If different from above) _____

HOME TELEPHONE NO _____ OFFICE TELEPHONE NO _____

HAVE YOU PREVIOUSLY APPLIED _____ WHEN _____

POSITION _____ WERE YOU INTERVIEWED _____

RESULT OF APPLICATION _____

ACADEMIC HISTORY

POST PRIMARY EDUCATION

SCHOOL/COLLEGE	DATES		FINAL EXAMINATION SUBJECTS & RESULTS
	FROM	TO	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACADEMIC QUALIFICATIONS (Certificate's, Diploma's, Degree's)

	Note: Please use separate Column for each Qualification		FINAL EXAMINATION SUBJECTS
Qualifications			
Grade			
College			
Awarding Institution			
Date of Entry to Course			
Date Conferred			

POST GRADUATE QUALIFICATIONS

College	Awarding Institution	Degree	Degree Grade	Date Conferred
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROFESSIONAL BODY MEMBERSHIPS (INCL. GRADE & YEAR), FELLOWSHIPS, TRAINING COURSES ETC.

EMPLOYMENT HISTORY

CURRENT POSITION

Employer _____
Nature of Business _____
Position _____ Commencement Date _____
Description of present duties and responsibilities

CURRENT SALARY, BENEFITS, ALLOWANCES AND PENSION ARRANGEMENTS

Salary	If incremental, no. of points on scale	Current Point on Scale
_____	_____	_____
Allowances and other benefits	_____	

Pension
Arrangements _____

PREVIOUS POSITIONS/EMPLOYMENTS (IN DESCENDING DATE ORDER)

Dates		Employer	Position Held	Reason For Leaving
From	To			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL INFORMATION

Please indicate the reason(s) for seeking the position applied for:

Any other information that may help in assessing your application. Leisure time interests may be included here. (Use an additional page if necessary)

REFEREES

Please list two persons from whom the Institute may request references on your behalf; they should be such as to be able to comment in detail on your career. Applications should include their present employer or supervisor or past employer or supervisor (if not currently employed).

The Institute will assume permission to contact referees unless the Applicant has stated otherwise.

Name	Name
Address	Address
Telephone No.	Telephone No.
Position	Position

PERIOD OF NOTICE

How soon after an offer of appointment would you be in a position to take up employment

CLOSING DATE FOR RECEIPT OF COMPLETED APPLICATION FORM IS:

5.00 P.M Monday, November 1st , 2004

Applications received after closing date will be accepted only on the basis of a Certificate of Posting showing that the completed application form was posted in time to be received before the closing date.

You may be required to produce documentary evidence to support any statements made by you on this form or your curriculum vitae.

DECLARATION

SIGNED: _____ **Date:** _____

The completed application form should be returned to:

**Research Studentship 2004
Development Office – Reference: *Billing 4 Rent*
Galway-Mayo Institute of Technology
Dublin Road, Galway, Ireland.**