

Department of Learning, Society, and Religious Education (LSRE)

 Application Form AY2024/25

**Please send Application Form to Dr Treasa Campbell (**Treasa.campbell@mic.ul.ie**) before 4.00pm Wednesday 5st June 2024. See MIC Departmental Assistantship Award Scheme Information Sheet AY2021/22 and the LSRE Department Information Sheet for further details. ALL applications must be completed electronically – handwritten applications will not be considered.**

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| TITLE OF PROGRAMME (Please tick appropriate box to indicate your current/ proposed programme of study): |
| Master's by Research and Thesis (Faculty of Education) |[ ]
| Structured PhD in Education |[ ]
| PhD (Faculty of Education) |[ ]

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| Personal Information |
| STUDENT ID NUMBER:(If you are a current or former MIC (or UL) student |  |
| SURNAME:  |  |
| SURNAME: (as on birth certificate, if different from the above) |  |
| OTHER NAMES IN FULL: (as on birth certificate) |  |
| DATE OF BIRTH (DD / MM / YYYY): |  |
| NATIONALITY: |  |
| Contact Information |
| ADDRESS FOR CORRESPONDENCE: |  |
| TELEPHONE NUMBER: |  |
| MOBILE PHONE NUMBER: |  |
| EMAIL ADDRESS: |  |

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| THIRD LEVEL EDUCATION - Academic and Professional Qualifications |
| Names and Addresses of Institutions Attended | Years of study | Major areas of Specialisation | Qualification | Class of Qualification (e.g. 1.1, 2.1 etc.) and Final QCA attained |
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| **Examination(s) to be taken or results pending – please indicate date when results are expected** |
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| WORK EXPERIENCE |
| PRESENT OR MOST RECENT EMPLOYMENT |
| Dates (From / To): |  |
| Exact title of your post: |  |
| Full name and address of employer: |  |
| Nature of work: |  |

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| PREVIOUS EMPLOYMENT |
| Dates (From / To): |  |
| Exact title of your post: |  |
| Full name and address of employer: |  |
| Nature of work: |  |

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| PREVIOUS EMPLOYMENT |
| Dates (From / To): |  |
| Exact title of your post: |  |
| Full name and address of employer: |  |
| Nature of work: |  |

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| PROPOSED/ CURRENT RESEARCH PROGRAMME |
| **Have you identified a member of faculty in the LSRE Department who has agreed to be your Supervisor or is your supervisor? If you have done so, please give the name.** |
| Name of Faculty Member: |  |
| Title of project: |  |

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| **Provide a 1,000 word proposal of the research that you intend to undertake/ are undertaking. This should include sections on: Aims; Objectives; Motivation; Research Methodology and Project Description.** |
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| **Research schedule for the remainder of the programme of study not exceeding 500 words (for continuing MIC postgraduate research students only)** |
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| PARTICULAR ABILITIES suited to the role (research skills, tutoring/ teaching, organisational skills, workshop/ seminar activities, IT skills, online teaching) |
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| Please indicate your availability for on campus and online teaching in the course of the working week.  |
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| PUBLICATIONS AND RESEARCH INTERESTS |
| **List Publications / Reports / Dissertations with titles, date and subject and, if applicable, Journal title.** |
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| Academic Referee 1*(Please note it is the applicant’s responsibility to ensure that emailed letters of reference are received by Dr Treasa Campbell (**treasa.campbell@mic.ul.ie**) by 5TH June 2024 at 5pm. Referees will NOT be contacted on your behalf.* |
| Name: |  |
| Institution: |  |
| Position: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

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| Application Portfolio Checklist |
| Completed Departmental Assistantship Award Scheme Application form |[ ]
| * Research proposal not exceeding 1,000 words
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| * Research schedule for the remainder of the programme of study (continuing students only)
 |[ ]
| One electronic letter of reference from an academic referee |[ ]
| Transcript (s) of academic records |[ ]