## UCD Conway Institute Fellowship Application 2024/2025

Please refer to the current terms and conditions of fellowship before completion

* Indicates required question		
1.	Email *	
2.	Name *	
3.	College *  Mark only one oval.	
	College of Health & Agricultural Sciences  College of Science  College of Engineering & Architecture  College of Arts & Humanities  College of Social Sciences & Law  College of Business  Other:	
4.	School *	

5.	Membership Category *	
	Mark only one oval.	
	Conway Fellow	
	Senior Conway Fellow	
	Associate Conway Fellow	
6.	Membership Type *	
	Mark only one oval.	
	First Time Application	
	Renewal	
7.	Staff Position *	
8.	Year Appointed *	
9.	Current Location *	
<i>J</i> .	ourient Education	
10	Curriculum Vitae *	
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	Files submitted:	
Cı	urrent Research Activity	

	Research Interests *
	Contribution to Institute *
	Motivation for Application *
	Existing Conway Collaborators *

15.	Thematic Area Alignment *		
	Mark only one oval.		
	Personalised & Translational Medicine		
	One Health		
	Discovery Research		
16.	Current Team *		
17.	Team Space Requirements (Office, Bench Space, Reading Desks) *		

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