**SCHOOL OF MEDICINE**

**DEGREE OF DOCTOR OF MEDICINE (MD) PROGRAMME 2025**

Section to be completed by the principal supervisor

(Data required for Athena Swan applications)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Was the 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** |  |
|  | | | | |
| **Total number interviewed (If applicable)** |  | | | |
| **Number of female applicants interviewed** |  | | | |
| **Number of male applicants interviewed** |  | | | |
| **Number of offers to female candidates before acceptance** |  | | | |
| **Number of offers to male candidates before acceptance** |  | | | |

**SCHOOL OF MEDICINE**

**DEGREE OF DOCTOR OF MEDICINE (MD) PROGRAMME 2025**

**Applicants are encouraged to contact current or previous students of their proposed supervisor prior to submission of an application.**

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

**This form must be typed.**

**A copy of valid identification must be included with this application.**

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

**Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First name** | **Last name** | | **Country of birth** | **Country of citizenship** |
|  |  | |  |  |
| **Date of birth (dd/mm/yyyy)** | | | **Gender** | |
|  | | |  | |
| **Permanent address (Including Eircode for Irish addresses)** | |  | | |
| **Phone number** | |  | | |
| **Email** | |  | | |

|  |  |
| --- | --- |
| **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 available [here](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** |  |
| **Dates of attendance** |  |
| **Conferral date** |  |

**Qualification 2 (If applicable)**

|  |  |
| --- | --- |
| **Qualification** |  |
| **Overall grade** |  |
| **Awarding institute** |  |
| **Dates of attendance** |  |
| **Conferral date** |  |

**Proposed degree of study**

|  |  |
| --- | --- |
| **MD F/T (two academic years: 6 trimesters)** |  |
| **MD P/T (four academic years: 12 trimesters)** |  |

**Proposed start/registration date:**

|  |  |
| --- | --- |
| **May 2025** |  |
| **September 2025** |  |
| **Will you be engaged as a demonstrator and/or clinical tutor in tandem with undertaking your research degree?**  Yes (please provide details below)  No  Details: | |

**Details of relevant experience**

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

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

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

**Research Proposal**

|  |
| --- |
| **Title of Project:** |
|  |
| **Research proposal: 1,500-word proposal** |
| **Background**  **Hypothesis/es**  **Approach (Study Design and Methodology)**  **References** |

**SECTION 2** *(To be completed by the principal supervisor)*

**Principal Supervisor**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** | |  | **Last Name** |  |
| **Email** | | |  | | | |
| **UCD personnel number** | | |  | | | |
| **Section Affiliation** | | | |  |  |  |  | | --- | --- | --- | --- | | Biomedical Science | Community, Forensic & Legal Medicine | Diagnostic Imaging | Public Health Medicine | | 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 | Psychotherapy | Radiology | Surgery | | | | | | | |
| **Are you based in another School? if so, please specify which School:** | | | | | | |
| **No. of students supervised to completion:**  MSc-  PhD-  MD- | | | | | | |
| **No. of postgraduate research students under primary supervision at present:**  MSc-  PhD-  MD-  If currently acting as primary supervisor for 5 or more postgraduate research students the application must be discussed with the School of Medicine’s Associate Dean for Research, Innovation and Impact prior to submission. | | | | | | |

|  |  |
| --- | --- |
| Supervisory training completed  **Yes No**  If yes please provide details | 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 consult the Approval of Adjunct & Visiting Staff as Supervisors Procedure* [*here*](https://www.ucd.ie/graduatestudies/documentrepository/)*. Please return completed form with current CV to:* [*medicine.research@ucd.ie*](mailto:medicine.research@ucd.ie)

**Co-Supervisor** *(if applicable. The 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** |  |
| **Email** | | |  | | |
| **UCD personnel number** | | |  | | |

**Assistant Supervisor (if applicable)**

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

If additional supervisors are involved, please duplicate the above fields. Please note that other supervisors are required only where their expertise is required for the student’s research on an ongoing basis. Regulations available [here](https://www.ucd.ie/graduatestudies/documentrepository/).

**Research Studies Panel:** *Guidelines are available* [*here*](https://hub.ucd.ie/usis/!W_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** |  |
| **Email** | | |  | | |

**Adviser 1** *(Nominee must have agreed to take on the role)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First name** |  | **Last name** |  |
| **Email** | | |  | | |

**Adviser 2** *(If applicable, nominee must have agreed to take on the role)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **First name** |  | **Last name** |  |
| **Email** | | |  | | |

**Details of funding for proposed study period**

Please state if these funds are guaranteed or if an application for funds has been made elsewhere. *Supervisors of self-funded students must discuss the application with the School Medicine’s Associate Dean for Research, Innovation and Impact prior to submission. If self-funding, please attach a co-signed letter by student and supervisor confirming fees and associated costs are covered for the duration of the programme.*

|  |  |
| --- | --- |
| **Source** |  |
| **Amount Per Year** |  |
| **Period** |  |

**Confirmation full fees are included in funding for the duration of the programme**

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

**If No: Please calculate approximate shortfall in fees.**

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

|  |  |
| --- | --- |
| **Year** | **Approximate Shortfall** |
| Year 1 |  |
| Year 2 |  |
| Year 3 *(If part-time)* |  |
| Year 4 *(If part-time)* |  |
| **Total Shortfall** |  |

**Location of Research**

**Is it planned that the student will complete more than one trimester of the proposed research at an institution other than UCD or UCD-affiliated sites?**

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

**If YES then a Split Site agreement must be completed, signed by the Head of School and the permission of the UCD Graduate Research Board must be sought.**

**Split-Site Policy available** [**here**](https://www.ucd.ie/graduatestudies/documentrepository/)**.**

**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** | |
| ***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 | |
| **Principal Supervisor** |  |
| **Signature** |  |
| **Date** |  |

**DECLARATION BY CO-SUPERVISOR**

|  |  |
| --- | --- |
| **Co-Supervisor (If applicable)** |  |
| **Signature** |  |
| **Date** |  |

**DECLARATION BY CO-SUPERVISOR**

|  |  |
| --- | --- |
| **Assistant Supervisor (if applicable)** |  |
| **Signature** |  |
| **Date** |  |

**Referee nominations by 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** | |
| 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/students/exams/assessinggraduateresearchtheses/regulationsandpolicy/) relating to this programme and are aware of my responsibilities.  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) |  |
| Copy of valid identification (Passport, driver’s license etc.)\* |  |
| Ethical Approval |  |

**\*Mandatory**