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**FACULTY OF RADIOLOGISTS RCSI**

**APPLICATION FORM**

## SECTION A APPLICANT DETAILS

|  |
| --- |
| **Name:**  |
| **Address:** |
| **Institution:** |
| **Current Post: Radiology Radiation Oncology****Please complete whichever is applicable:****Year of training:****Date of CSCST (past or projected date):****Staff Radiologist: Y N Location:** |
| **Year Qualified (Medical School):** |
| **Email Address:**  |
| **Contact Phone No:**  |

**Project:**

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**Goal: (Specify Higher Degree track, institution with which it is registered)**

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**Project Summary (Max 200 words):**

**Include details e.g. Additional/ prior/ matching funding already obtained, if any; details of supervisor, whether IRB approval has been obtained.**

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**Research Question (if applicable):**

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**Project Description (Max 800 words):**

Please provide brief details of the proposed project under the following sections:

* Background
* Aims and Objectives
* Proposed methods (if research)
	+ study design & methodology
	+ participants, recruitment, inclusion/exclusion criteria
	+ data analysis
* Dissemination Plan (if research)
* Current Status

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|  |
| Project description (Continued) |

**Project Budget:**

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| --- | --- |
| **Description of Costs** | **Amount Required****€** |
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|  |  |
|  |  |
|  |  |
| **Total** | **€** |

**Supporting Documentation Checklist:**

|  |  |
| --- | --- |
| Curriculum Vitae (most recent) | [ ]  |
| Letter of Support/Certificate of Status/Acceptance etc. | [ ]  |
| Reference: (1 letter of Support from Head of Department or equivalent) | [ ]  |