|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Details of Student | | | | | | | | |
| **Student’s Name:** |  | | | | | | | |
| **Title: Mr Ms Mrs Mx etc.** |  | | | | | | | |
| **Student’s Irish Home Address for Correspondence:**  ***Not to be a Department address*** |  | | | | | | | |
| **Student’s Personal Public Service Number (PPS) mandatory** |  | | | | | | | |
| **Telephone / Mobile number:** |  | | | | | | | |
| **Date of Birth:** |  | | | | | | | |
| **TCD or Personal Email address**  ***Personal email address if not TCD student*** |  | | | | | | | |
| **Date of Registration: (Current academic year) *Student must be full time and registered for their degree. .*** |  | | | | | | | |
| **Department:** |  | | | | | | | |
| **Grant Holder:**  **Authorised Signatory on Account** |  | | | | | | | |
| **Student’s Supervisor:** |  | | | | | | | |
| **Stipend Sponsoring Body:** |  | | | | | | | |
| **Stipend Sponsoring Body 2:**  **(If more than one)** |  | | | | | | | |
| **Stipend amount per week** | € per week amount only | | | | | | | |
| **Stipend Payment dates** | **Start Date** |  | | **Termination Date** | | |  | |
| **Research Codes**  **Example:**  **Project No Task No Award No**  **123456 01 78954** | **Cost Centre** | **Project No:** | **Task**  **No:** | | **Award No:** | **Expenditure Type** | | **% to be charged** |
|  |  | 01 | |  | N/A | |  |
|  |  | 01 | |  | N/A | |  |
|  |  | 01 | |  | N/A | |  |
| **GL CODES:**  **Example:**  **GL Activity GL Source of Funds**  **0000000 3100**  **0000000 1212** | **GL Cost Centre** | **GL Activity** | **GL Source of funds 3100 or 1212** | | | **GL Expense code** | | **% to be charged** |
|  |  |  | | | N/A | |  |
|  |  |  | | | N/A | |  |
|  |  |  | | | N/A | |  |

|  |  |
| --- | --- |
| CHECKLISTPlease ensure that all of the documents listed are sent WITH this Proposal form by email to [HRFORTNIGHTLYSTAFF@TCD.IE](mailto:HRFORTNIGHTLYSTAFF@TCD.IE) **(Incomplete Applications will be rejected, please tick and confirm all below)** | |
|  | Completed Scholarship Exemption Declaration Form Signed and dated by the Student |
|  | Completed Bank Mandate Form signed and dated by the Student (staff number provided by HR Dept) students to be advised that their first payroll will be in the second week in which they will be paid for that week plus their arrears. |
|  | I confirm that the above Coding (Account numbers) on Page 1 are valid and correct |
|  | Please tick if the Student is not a Registered Student to TCD and needs a Visiting Student Card |
|  | Please state the name of the Student’s home University: |

|  |  |  |
| --- | --- | --- |
| **Grant Holder / Principal Investigator Name:**  **Please print Name** |  | **Date:** |
| **Grant Holder / Principal Investigator**  **Signature:** |  |
| **Head of School Name:**  **Please print Name** |  | **Date:** |
| **Head of School Signature:** |  |
| **Student Signature (print name)** |  | **Date** |
| **Student Signature (not printed)** |  |