



Registered Undergraduate Student Proposal form

(To be completed by the Department)

PERSONAL DETAILS OF STUDENT						
Student's Name:	Joe Bloggs					
Title: Mr,Ms, Mrs Mx etc	Mr.					
Students Irish Home Address for Correspondence: <i>Not to be a Department address</i>	The River, Liffey Road, Dublin, D1 X000					
Students Personal Public Service Number (PPS) mandatory	12345678H					
Telephone / Mobile number:	087 0000000					
Date of Birth:	01/07/2000					
TCD or Personal Email address <i>Personal email address if not TCD student</i>	Joe.bloggs@tcd.ie					
Date of Registration: (Current academic year) <i>Students must be full time and registered for their degree. .</i>	01/09/2021					
Department:	Physics					
Grant Holder: <i>Authorised Signatory on Account</i>	Professor A. Einstein					
Students Supervisor:	Professor I. Newton					
Stipend Sponsoring Body:	Science Foundation Ireland					
Stipend Sponsoring Body 2: (If more than one)						
Stipend amount per week	€ 300.00 per week amount only					
Stipend Payment dates	Start Date	03/05/2021		Termination Date	30/07/2021	
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
	1451	0000000	3100		N/A	
					N/A	
					N/A	



Registered Undergraduate Student Proposal form

(To be completed by the Department)

CHECKLIST

PLEASE ENSURE THAT ALL OF THE DOCUMENTS LISTED ARE SENT WITH THIS PROPOSAL FORM BY EMAIL TO HRWEEKLYSTAFF@TCD.IE

(Incomplete Applications will be rejected, please tick and confirm all below)

<input checked="" type="checkbox"/>	Completed Scholarship Exemption Declaration Form Signed and dated by the Student
<input checked="" type="checkbox"/>	Completed Bank Mandate Form signed and dated by the Student (staff number provided by HR Dept) <i>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>
<input checked="" type="checkbox"/>	I confirm that the above Coding (Account numbers) on Page 1 are valid and correct
<input checked="" type="checkbox"/>	Please tick if the student is not a registered student to TCD and needs a Visiting Student Card
<input checked="" type="checkbox"/>	Please state the name of the student's home university:

Grant Holder / Principal Investigator Name: Please print Name	Professor A. Einstein	Date: 12/03/2021
Grant Holder / Principal Investigator Signature:	<i>Professor A. Einstein</i>	
Head of School Name: Please print Name	Marie Curie	Date: 25/04/2021
Head of School Signature:	<i>Marie Curie</i>	
Student Signature (print name)	Joe Bloggs	Date 03/05/2021
Student Signature (not printed)	<i>Joe Bloggs</i>	