**SHEPPARD MEMORIAL PRIZE APPLICATION FORM**

**Trinity College Dublin**

**SUBMISSION DEADLINE:** **5pm 10th November**

*SHEPPARD MEMORIAL PRIZE: In 1970 a bequest was received from the trustees of Dr John F. Sheppard and Dr Molly Sheppard. This award will support the work of one or more postgraduate research students in the School of Medicine. These awards will be made on*

*the recommendation of a 3-person panel derived from the membership of the postgraduate teaching and learning committee in the School of Medicine. Value up to €8,000.*

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| **Your Details** | | |
| Student Name |  | |
| Student Email |  | |
| Student Number |  | |
| Supervisor Name |  | |
| Supervisor Email |  | |
| Provisional Title of Thesis |  | |
| Department |  | |
| Stage of Research | PhD [ ]; MD [ ]; MScRes [ ] | Year of study [ ] |

|  |  |
| --- | --- |
| **Current Financial Support** | |
| Indicate Your Current Support |  |
| Indicate any funding source(s) |  |
| Indicate any other applications you have made |  |
| Indicate how you will use this award if granted |  |

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| **List up to five publications** | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

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| **Please provide details of the research project (Max 500 words)** |
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| **Please outline why you should be awarded this Memorial Prize (Max 200 words)** |
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| **Please provide your CV below (2 Pages)** |
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| **Please include letter of support from your supervisor (Max 200 words)** |
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| **Signatures** |
| **Applicant:**  Signature Date |
| **Supervisor**  Signature Date |
| Electronic signatures may be pasted into the form. |

Incomplete applications will not be considered.

Please email complete applications to: [medicinepgawards@tcd.ie](mailto:medicinepgawards@tcd.ie) by 5pm 10th November

**Prof. Michael Carty|**

Associate Director, Postgraduate Teaching & Learning (fellowships) | School of Medicine | Trinity College Dublin

*Selection Committee: A 3-person panel derived from the membership of the postgraduate teaching and learning committee in the School of Medicine*

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**SCHOOL OF MEDICINE**

**APPROVALS AND NEXT REVIEW DATE OF THIS DOCUMENT**

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|  | | | |
| **Created by:** | **Prof Michael Carty**  **(Associate Director, Postgraduate Teaching & Learning (fellowships), School of Medicine)** |  |  |
| **Signature:** | *Original version of this document has been signed and stored.* | **Date:** | **11th Sept 2025** |
| **Reviewed by:** | **Prof Stephen Maher**  **(Associate Director, PGTL, School of Medicine)** |  |  |
| **Signature:** | *Original version of this document has been signed and stored.* | **Date:** | **11th Sept 2025** |
| **Approved by:** | ……………………………………  **(Committee Member, PGTL, School of Medicine)** |  |  |
| **Signature:** | *Original version of this document has been signed and stored.* | **Date:** | **XXXXXXXXXXXXXX** |

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| **PGTL Committee Approval** | **This document was approved by the Postgraduate Teaching and Learning Committee (PGTL), School of Medicine (…………..).** |
| **Next Review Date** | **The Postgraduate Teaching and Learning Committee (PGTL), School of Medicine will review this document every two years. This document, may be subject to quality appraisal such as the School review.**  **The next review date of this document will be January 2028.** |

**VERSION HISTORY**

|  |  |  |
| --- | --- | --- |
| **Version** | **Description of Change** | **Revised By** |
| **1.0** | **Created** | **Michael Carty** |