Dr. Ciaran Barry Research Scholarship

Dr. Ciaran Barry was the Medical Director of the CRC from 1964 until his death in 1991. He was a founder member of the CRC Scientific and Research Trust.

The Dr. Ciaran Barry Research Scholarship was launched in his memory in 1994. This annual scholarship is reserved for a student with a disability and is open to any academic discipline.

Rules

- The scholarship is reserved for a student with a disability undertaking a post graduate degree
- The scholarship is open to any academic discipline
- Applicants must be graduates of a recognised university or third level college. Candidates sitting their final examination may also apply
- All proposals must have a significant research component
- The scholarship covers one academic year and is not renewable.
- Applicants must submit completed application forms and supporting documentation by **5.00pm on the second Friday in May each year**, for the following academic year
- The continuation and termination of the scholarship will be at the discretion of the Trustees of the CRC Research Trust
- On completion of a research project or thesis, the recipient of the scholarship must submit a pdf copy of the research project to the trustees. This may be referenced on the Central Remedial Clinic website. If access is requested, permission of the author will be sought.
- All publications or papers arising from the research will acknowledge funding from the trust
- Recipients are expected to participate in any general publicity that may arise relating to the award of a grant
Applications
A completed application form must be submitted, to include the following information:

- Proposal outlining the topic for research, proposed methodology, timescale, expected outcomes and funding requirements
- Up-to-date Curriculum Vitae
- Confirmation from a recognised university or third level college that the candidate has enrolled in a post graduate course
- Details of the college and faculty to which the candidate has been accepted
- Letter of support from the applicant's professor or academic supervisor

Further information
The scholarship is announced through the Central Remedial Clinic website (www.crc.ie) and a notice is circulated to disability officers in all third level colleges in February of each year.

For further information, and to submit completed application forms, please contact:

The Administrator
Dr Ciaran Barry Research Scholarship
Central Remedial Clinic
Vernon Avenue
Clontarf
Dublin 3

Or by email at: ciaranbarryscholarship@crc.ie
1. General information

Surname ______________________________
First name _____________________________
Address _______________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Telephone number ______________________
Email address __________________________
Date of birth __________________________
Place of birth __________________________
Nationality _____________________________
Nature of disability (This is necessary as the scholarship is reserved for a student with a disability) ______________________________
______________________________________________________________________________
______________________________________________________________________________

2. Education/academic record

Second level education (post primary school)

1. Name of school ______________________
   Address ______________________________
  ______________________________________________________________________________
  ______________________________________________________________________________
   Dates attended _________________________

   2. Name of school ______________________
      Address ______________________________
      _____________________________________________________________________________
      Dates attended _________________________
Third level education

If your course is not yet finished, please give expected date.

1. Name of college_______________________
   Address _______________________________________
   ______________________________________________
   ______________________________________________
   Dates attended _________________________
   Qualification (degree or diploma, and class)
   ______________________________________________

2. Name of college_______________________
   Address _______________________________________
   ______________________________________________
   ______________________________________________
   Dates attended _________________________
   Qualification (degree or diploma, and class)
   ______________________________________________

3. Name of college_______________________
   Address _______________________________________
   ______________________________________________
   ______________________________________________
   Dates attended _________________________
   Qualification (degree or diploma, and class)
   ______________________________________________

Research record – if relevant

Please give details of work carried out, including outcomes and publications.

______________________________________
______________________________________
______________________________________
______________________________________

3. Scholarship proposal

Do you hold any scholarship or salaried post, or any maintenance grant? If so, please give particulars, including conditions and dates of expiry.

______________________________________
______________________________________
______________________________________
______________________________________

State degree or course in which you have enrolled

______________________________________
______________________________________
______________________________________
State the area/discipline and title of your proposed research. Please give additional details on a separate sheet, to include topic for research, proposed methodology, timescale, expected outcomes and funding requirements.

4. Proposer/academic supervisor

This should be a member of the college or faculty in which you have enrolled.

Name______________________________
Address ______________________________

Telephone number ______________________
Email address __________________________
Signature ______________________________

5. Checklist

Please check that you have included the following items with your application form:

- Additional details of your proposed research, to include topic for research, proposed methodology, timescale, expected outcomes and funding requirements
- Up-to-date Curriculum Vitae
- Confirmation from a recognised university or third level college that you have enrolled in a post graduate course
- Details of the college and faculty to which you have been accepted
- Letter of support from your professor or academic supervisor

Completed copies of this form to be returned to

The Administrator
Dr Ciaran Barry Research Scholarship
Central Remedial Clinic
Vernon Avenue
Clontarf
Dublin 3

Or emailed to:
ciaranbarryscholarship@crc.ie