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 (Version 1, 08 February 2017**Funded Postgraduate Research Student Pack** |   |

Funded research students must complete the following forms and return to the Graduate Studies Office. **Payment will not be authorised until forms are returned.**  **Form A**: [**Research Agreement For Funded Research Students**](http://www.maynoothuniversity.ie/node/418456) **In the case of funding through a personal scholarship such as John Hume/IRC**: Student and Supervisor must complete and student sign.: **In the case of funding through a research grant managed by the supervisor:** The supervisor must complete this and the student sign.**Form B:** [**Research Stipend Form**](https://www.maynoothuniversity.ie/sites/default/files/assets/document/PGResearchStudentStipend_%26_S193RevenueForm_Sept2017_0.pdf) **For Funded Research Students**The Research Stipend Form for Funded Research Students must be completed by the student. For students paid directly through a research grant managed by their supervisor, students should speak to their supervisor regarding the funding process. For further information please contact: graduatestudies@mu.ie**Form C: Section 193 Revenue Form (Scholarship Tax Exemption)** [193 Revenue Form 2017](https://www.maynoothuniversity.ie/sites/default/files/assets/document/PGResearchStudentStipend_%26_S193RevenueForm_Sept2017_0.pdf) All students in receipt of a stipend must complete this form. Stipend payments cannot be made otherwise. All students must have an Irish PPS number, foreign social security numbers cannot be accepted. (Please contact international.office@mu.ie for advise on applying for Irish PPS number)**Form D: Researcher Undertaking** Researcher Undertaking addresses the ownership of Intellectual Property created by an employee or student/researcher.  The undertakings ensures that we comply with National IP Protocol (see <http://www.knowledgetransferireland.com/ManagingIP/KTI-Protocol-2016.pdf> ) as demonstrated by requirement 2 of the National IP Management Requirements. (See <http://www.knowledgetransferireland.com/ManagingIP/KTI-Resource-Guide.pdf> page 15, table 2).**Fees:**To ensure Fees are made, the supervisor must complete the online form including the Business Unit: https://www.maynoothuniversity.ie/student-fees-grants/quick-link-forms-documents/postgraduate-fee-internal-transfer-form

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 (Version 1, 08 February 2017**Form A:Researcher Scholarship Agreement for Funded** **Research Students** |   |

**In the case of funding through a personal scholarship such as John Hume/IRC**: Graduate Studies must complete and the student sign.: **In the case of funding through a research grant managed by the supervisor:** The supervisor must complete this and the student sign. |  |

In accordance with the MU Criteria for Supervision and Regulations on Supervisory Arrangements

(<https://www.maynoothuniversity.ie/university-policies>).

|  |  |
| --- | --- |
| Student Name:  | Student No: |
| Supervisor | Department |
| Specific Nature of the Work i.e. Research PhD/Research Masters/Other |  |
| Proposed Thesis Title |  |
| Research Grant Title & Number(e.g. IRC/GOIPD/2018/XXX/ Or insert Hume as ref with year of the award.) |  |
| Start Date: | End Date: |
| Stipend per year: | Fees: |

Dear {name of student]

The above scholarship is awarded to [ NAME OF STUDENT ] starting [ ] for a period of [ ] years ending [ ].

Subject to these Term and Conditions and those of the funder/sponsor, your scholarship will include a stipend of € [ ]per annum and your fees per annum will be covered for the period above subject to funding and adequate progress. Exemption from income tax in respect of scholarship income is on a self-assessment basis and will require submission to the University of a completed Scholarship Exemption Declaration form.

The scholarship is subject to the terms and conditions that are listed below:

1. You agree to be bound by the rules, regulations and policies of Maynooth University relevant to various aspects of your study as applicable, including but not limited to conduct, plagiarism, ethical practice, research integrity, inventions and patents, conflict of interest, e-thesis depository etc., as published in the policies section on the University website [https://www.maynoothuniversity.ie/university-policies]. In particular, you agree together with your supervisor, to obtain ethical approval for your research when applicable.
2. You agree to protect and retain your data for a period of 10 years, as outlined in the Research Integrity Policy and, in accordance with any policy/process in your Department regarding retention and management of research data.
3. You agree to assign your rights to Inventions in accordance with Maynooth University's standard agreement for research students as indicated in the IP Policy.
4. You have read and agree to be bound by the terms and conditions of the grant/consortium agreement under which you are funded (Appendix A).
5. You will be registered in the [INSERT] Department. Failure to successfully complete a year of study as judged by the Departmental Research Progress Committee will result in the termination of the scholarship. In exceptional cases, at the request of the supervisor or the student, the Departmental Research Student Progress Committee may meet during the academic year if a student is identified as being unable to make progress or if concerns have arisen during the year.
6. Your research programme will be under the general supervision of your nominated supervisor(s) who will specify study times, research times, vacation periods and other operational requirements.
7. It is required that prior to publication or dissemination of information relating to the research at Maynooth University, you must obtain approval in writing from your supervisor/relevant parties as per the grant /consortium agreement. Where appropriate such publications will acknowledge your supervisor or include his/her name as co-author if applicable (in accordance with MU Research Integrity Policy). The publication must also reference the grant details and funding body/agency as per the terms and conditions of the award, in addition to any specific terms regarding logos and phrases that the funding agency/sponsor requires.
8. These conditions apply to your research funded under [insert specific award ref. number] conducted during your period of study at the University. The level of funding available to the University from the funding body/agency, to support the scholarship may be decreased or withdrawn. Accordingly, the University reserves the right at any time to decrease the amount of the scholarship or to terminate the scholarship.
9. In the event of a conflict between the terms of this agreement and the provisions of the grant /consortium agreement under which you are funded, then the provisions of the grant /consortium agreement shall prevail.

To accept the offer under the terms and conditions stated above, please sign and return the form to undersigned:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Supervisor: Block Capitals)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be signed by Students**

I confirm that I have read, understood and agree to the Terms and Conditions as set out above and I am accepting this scholarship offer on the above Terms and Conditions.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Student)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Version 1, 08 February 2017**Form B:** [**Research Stipend Form**](https://www.maynoothuniversity.ie/sites/default/files/assets/document/PGResearchStudentStipend_%26_S193RevenueForm_Sept2017_0.pdf) **For Funded Research Students** |   |

Please complete in Block Capitals or type.

**SECTION 1 - TO BE COMPLETED BY THE PI/BUDGET HOLDER.**

 **In the case of individual scholarships, such as John & Pat Hume, IRC, SFI etc.**

 **The student completes this section.**

|  |
| --- |
| Student’s Name (Title, Forename, Surname):  |
| Address:  |
|  |
| Telephone No:  |  |
| Email:  |  |
| Name of Dept. / Institute:  |  |  |  |  |
|  |  |  |  |  |
| Specify Degree Registration of student: PAC number:  | Masters by Research  |  | PhD  |  |  |
|  |  |
|  |  |  |  |  |
| Brief description of work:  |
| Research Contract Sponsor Name (e.g. Hume):  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Remuneration  |  | Year 1  |  | Year 2  |  | Year 3  |  | Year 4  |  | Year 5  |
| Stipend (amount that will be paid directly to the student)  |  |  |  |  |  |  |   |  |  |  |

 Indicate payment frequency: Monthly

|  |  |
| --- | --- |
| Business Unit Number:  |  |

|  |  |
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| Commencement Date: Cessation Date: ( )  | ( )  |
|  |  |  |
| Is the student in receipt of Student Grant (local authority/SUSI)? If yes please give details e.g. Fees, maintenance grant etc:  | Yes  |  | No  |  |  |
|  |  |
|  |  |  |
| Is the student receiving funding from another source? Yes  |  |  | No  |  |  |

If ‘Yes’ please provide details:

|  |  |
| --- | --- |
| Funding Source: Total funding:  | Stipend per annum: €  |
| Fees per annum:Expenses per annum:Duration (please provide dates):  | From:  | to:  |

Has a separate Postgraduate Research Student Stipend Form for that funding been also completed?

 Yes No

|  |
| --- |
| **Scholarship Exemption:** Does this person qualify for tax relief under Section 193, Taxes Consolidated Act 1997? Yes \_\_\_\_ No \_\_\_\_ Section 193 Taxes Consolidation Act 1997 provides that income arising from the scholarship is exempt from tax where the following conditions are satisfied: 1. The individual in receipt of the scholarship must be in receipt of full-time instruction at an education establishment;
2. The object of the scholarship must be the promotion of the education of the holder rather than the promotion of research through the holder;
3. There must be no element of service (directly or indirectly) between the sponsor and the student;
4. The award must not arise from office or employment (directly or indirectly) with the sponsor;
5. If the scholarship is provided from a trust fund or scheme to persons connected with the sponsor (i.e an employee, a member of the household of an employee, a director or a member of the household of a director connected directly or indirectly with the sponsor) then not more than 25% of all such payments from the trust fund or scheme can be made to such persons.

The exemption applies to income arising from scholarships in respect of undergraduate and postgraduate courses but it is Revenue’s view that the exemption does not apply to income in respect of a fellowship.  |

In order to ensure that the scholarship holder, is included on monthly stipend payments in respect of any particular month, sections 1 , 2 and 3 must be fully completed so as to reach the Research Administration Office/Graduate Studies Office not later than the first day of that month.

Name of Research Supervisor:

Signed:

Date:

(Research Supervisor)

**HEAD OF DEPARTMENT / RESEARCH INSTITUTE DECLARATION**

I confirm that the student named on this form has accepted a place in PAC as a research student within the Department / Research Institute, and will commence his/her research within this academic year 20\_ \_ - \_ \_

Name of Head of Dept: Department / Institute Signed:

Date

:

**For Research Administration /Graduates Studies Office Use Only**

Advise Finance/Payments Office

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SECTION 2 - TO**

**COMPLETED BY THE STUDENT: Name**

Current Address:

Home Address (if different from above):

Telephone No:

P.P.S. No. (Irish P.R.S.I. No.):

Date of Birth:

Nationality:

Department:

Position Held:

Date of commencement:

Have you worked with

Maynooth

University

previously?

Yes

No

If YES please provide your Staff Number:

Name of Bank (for receipt of stipend):

Branch

:

BIC

:

IBAN

:

Student Number:

I understand that the norm observed for Scholarship Tax Exemption at research student level is no more than €22,000.

 Usual Signature:

Note: This form must be fully and correctly completed in order to ensure that stipend payment is made.

For Office Use Only:

|  |  |
| --- | --- |
| For Office Use OnlyBU Number for Payment:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Signature of BU Holder:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Department:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Date:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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 (Version 1, 08 February 2017**Form C: Section 193 Revenue Form** **(Scholarship Tax Exemption)** |   |

**Please read the Notes overleaf before completing this Form**

1. **Personal Details**

|  |  |
| --- | --- |
| **Name of Student**  |  |
| **Address**  |  |
| **PPS No.**  |  |

1. **Course Details**

|  |  |
| --- | --- |
| **Name & address of College / University**  |  National University of Ireland, Maynooth, Co. Kildare  |
| **Nature of degree / qualification being pursued**  |  |
| **Brief summary of course/ research undertaken**  |  |
| **Hours of attendance**  |  Full-time |

1. **Scholarship Details**

|  |  |
| --- | --- |
| **Name & address of Sponsor**  |  |
| **Amount of scholarship**  |  |
| **Period, with dates, of duration of scholarship**  |  |

1. **Declaration**

I declare that -

⇒ I am in receipt of full-time instruction at an educational establishment;

⇒ the object of the scholarship is the promotion of my education rather than the promotion of research through me;

⇒ there is no element of service (directly or indirectly) between the sponsor and I or between the colleges/university and I;

⇒ the scholarship does not arise from an office or employment (directly or indirectly) with the sponsor or with the college/university;

⇒ all the particulars in this form are correct to the best of my knowledge and belief.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:** It is an offence to make a false declaration for the purposes of obtaining a tax exemption.

**Page 1 of 2**

***Scholarship Declaration Form – Revenue Commissioners***

**Notes re Scholarship Exemption**

**Section 193 Taxes Consolidation Act 1997 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Section 193 Taxes Consolidation Act 1997 provides that income arising from a scholarship is exempt from tax where the following conditions are satisfied:

1. the individual in receipt of the scholarship must be in receipt of full-time instruction at an educational establishment;
2. the object of the scholarship must be the promotion of the education of the holder rather than the promotion of research through the holder;
3. there must be no element of service (directly or indirectly) between the sponsor and the student;
4. the award must not arise from office or employment (directly or indirectly) with the sponsor;
5. If the scholarship is provided from a trust fund or scheme to persons connected with the sponsor (i.e. an employee, a member of the household of an employee, a director or a member of the household of a director connected directly or indirectly with the sponsor) then not more than 25% of all such payments from the trust fund or scheme can be made to such persons.

The scholarship holder must complete and sign the attached Scholarship Exemption Declaration Form. The completed form should be returned to, and retained by, the appropriate administration office in the college / university.

Exemption from income tax in respect of scholarship income is on a self-assessment basis. This exemption applies to income arising from scholarships in respect of undergraduate and postgraduate courses but it is Revenue’s view that the exemption does not apply to income in respect of a fellowship.

Where a doubt arises as to whether the scholarship exemption is due, the matter may be referred to

Personal Income Tax Branch

DTIID

2nd Floor, New Stamping Building

Dublin Castle

Dublin 2 (Tel: 6475000)

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 (Version 1, 08 February 2017**Form D: Researcher Undertaking**  |   |

I, the undersigned, understand that National University of Ireland, Maynooth, Maynooth University, with an address at Maynooth, Co. Kildare, Ireland (the **“University”**), will enter into contracts and grants with bodies including but not limited to Science Foundation Ireland (SFI) and Enterprise Ireland (EI) for the performance of research, training and development activities, and that these sponsors impose and set forth certain obligations and requirements with respect to Intellectual Property rights.

To the extent, if any, that all of the said obligations are not already explicitly binding on me, in consideration of my employment by the University or support by the University as a non-employee (including but not limited to a student, consultant, visiting researcher, contractor, sub-contractor or visitor), the availability to me of opportunities to perform research including, but not limited to, sponsored research and / or to utilise the University resources, I hereby agree as follows:-

1. I agree that all discoveries, patents, databases, inventions, copyrightable materials, computer software, tangible research property, design rights, know-how, brands, trademarks, trade secrets, confidential information, business names, domain names and any other intellectual property rights, in all cases whether or not registered or registerable and including registrations and applications for registration of any of these rights to apply for the same, and all rights and forms of protection of a similar nature or having equivalent or similar effect to any of these anywhere in the world (the “**Intellectual Property**”) conceived, invented, authored or reduced to practice by me in either the course of my employment in pursuing the aims of any SFI or EI funding, or other grants or financial supports or with the use of the University resources, shall belong to the University.
2. I agree that the University will own the Intellectual Property and I understand and accept the University’s royalty income-sharing provisions, detailed in the Inventions and Patent Policy (2008), as amended from time to time (a copy of which I have read).
3. I agree to disclose promptly in writing to the Commercialisation Office of the University any such Intellectual Property, to assign all rights to the Intellectual Property to the University or its designee for this purpose, or other such agency as the University may direct, to execute all necessary papers, and to cooperate fully (at no out-of-pocket cost to myself) with the University or such designee to enable the University to obtain, maintain, or enforce for itself or its designee, patents, copyrights, or other legal protection for the Intellectual Property.
4. I will make and maintain for the University adequate and current written records of the Intellectual Property, and will deliver to the University upon request, copies of all written records referred to in this clause and clause 3 above as well as all related memoranda, notes, records, schedules, plans or other documents, made by, compiled by, delivered to, or manufactured, used, developed or investigated by the University, which will at all times be the property of the University.
5. I will treat as strictly confidential all materials, and all business, technical and other information, relating to a specific grant or contract and all other materials, information and results arising from any research (“**Confidential Information**”) and to abide by any and all confidentiality agreements and intellectual property agreements concerning the research.
6. I acknowledge and accept that certain projects may be subject to terms imposed on the University by a third party (such as a funder or collaborator) and that some of these terms may include certain restrictions relating to the research results (such as restrictions with respect to publication and ongoing use of research results). I agree to comply with any such terms, and to sign such documents and do such other things as may be necessary to enable the University to comply with such terms.
7. I am currently under no obligation to any person, organisation or corporation with respect to any rights in the Intellectual Property which are, or could reasonably be construed to be, in conflict with this agreement, nor will I enter into any agreement, commitment or promise which would create a conflict with this agreement.
8. I understand that this agreement covers the entire term of my employment or support by the University (including but not limited to a student, consultant, visiting researcher, contractor, sub-contractor or visitor), and that the obligations in respect of my activities relating to the Intellectual Property shall continue after termination of my employment or support by the University.
9. I agree that this agreement will be executed in original counterparts and all the counterparts together constitute the same document. This Agreement shall not be effective until each Party has executed and delivered at least one original counterpart.
10. I agree that this agreement is governed by Irish law, and is subject to the exclusive jurisdiction of the Irish courts.

SIGNED by Researcher: IN THE PRESENCE of:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Block Capitals) (Block Capitals)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If applicable please complete the following:***

*Supervisor’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*External Research Grant Title & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(e.g. IRC/GOIPD/2018/project)*

*MU Finance BU Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Accepted on behalf of

NATIONAL UNIVERSITY OF IRELAND, MAYNOOTH

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Block Capitals)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_