

International Association for the Scientific Study of Intellectual Disabilities

For the attention of Applicants for IASSID / MENCAP FELLOWSHIPS

- Please furnish the information as set out below.
- No application will be considered out of this format.
- Applicants should provide as much information as needed to enable the Evaluation Team to have a clear understanding of their Research interests.
- A completed IASSID Congress Abstract Presentation form should also accompany this application.

IASSID STEVEN'S SHAPIRO FELLOWSHIPS []							
MENCAP FELLOWSI	HIPS [Please tick which Fellowship is	l s sought).					
Name:		Date of birth:					
Place of birth:							
Occupation:							
Qualification:							
University at which Qualifications received:							
Current Address:							
E-mail address:							
Previous published research							
Cite:	Publication						
	Date						

	Title of Resear	rch			
Ongoing research					
Referees:	(1) Name:				
	Address:				
	E-mail: Fax:				
	(2) Name:				
	Address:				
	E-mail: Fax:				
Referees must have		of the appl apacity.	icant's resea	rch and state	in what

Should you wish to include additional information please use space below.

All information should be returned to:

Stephen Kealy, IASSID, Moore Abbey, Monasterevan, Co. Kildare. Ireland.

Email: scjmclinic@eircom.net

Checks: Have you attached a completed Congress Abstract Form? Yes [] No [] Have you attached completed Referee forms? Yes [] No [] Have you attached additional information e.g. curriculum vitae?

Yes [] No []