****

**Epilepsy Ireland Research Funding Scheme 2025/26**

**STAGE 1 – Pre-application form**

**IMPORTANT INFORMATION**

All applicants for funding under Epilepsy Ireland’s 2025-26 Research Funding Scheme must, as a first step, complete this pre-application form and return it **by 26th September 2025**to Grace Hallinan at [**ghallinan@epilepsy.ie**](mailto:ghallinan@epilepsy.ie).

The information submitted in this form will be used to shortlist proposals who will be invited (*in mid-October*) to submit the ‘full’ application using the official HRB/HRCI Joint Funding Scheme application via the GEMs platform **(by 26th November 2025 at 1:00pm**). Please therefore refer to the HRB guidance notes prior to submitting a pre-application – these guidance notes are included on the [**‘Apply for Funding’ page on the Epilepsy Ireland website**](https://www.epilepsy.ie/content/apply-funding)**.**   
  
All full applications received will undergo international peer review and internal review by EI’s Research Review Panel.

Following this, the highest-ranking proposals will be submitted for consideration under the HRB/HRCI Joint Funding Scheme – with final decision on funding outcomes expected by July 2026.

For full guidance on this process, visit the [**‘Apply for Funding’ page on the Epilepsy Ireland website**](https://www.epilepsy.ie/content/apply-funding)**.**

***Should you have any questions on this process, please contact Epilepsy Ireland Research Officer, Grace Hallinan by emailing*** [***ghallinan@epilepsy.ie***](mailto:ghallinan@epilepsy.ie)***. We look forward to receiving your proposals.***

**Project Title** *(maximum 20 words)****:***

|  |
| --- |
|  |

**PRINCIPAL INVESTIGATOR**

|  |  |
| --- | --- |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| Tel number: |  |
| Mobile number: |  |
| Email address: |  |

**CO-APPLICANTS**

For additional co-applicants please copy and paste table as necessary **(maximum 5 co-applicants).**

|  |  |
| --- | --- |
| **Co-Applicant 1** | |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |

|  |  |
| --- | --- |
| **Co-Applicant 2** | |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| **Co-Applicant 3** | |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |

**COLLABORATORS**

Please note that collaboration agreement forms are not required at this stage. However, you should only include collaborators who have agreed to take part in the research project should a full application be requested. Collaboration forms will be required for each collaborator at that stage.

For additional co-applicants please copy and paste table as necessary.

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Institution: |  |
| Present position: |  |
| Purpose of the collaboration *(maximum 200 words)* |  |

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Institution: |  |
| Present position: |  |
| Purpose of the collaboration *(maximum 200 words)* |  |

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Institution: |  |
| Present position: |  |
| Purpose of the collaboration *(maximum 200 words)* |  |

**HOST INSTITUTION**

i.e. the institution to which the research award will be made. Must comply with HRB’s Host Institution Policy

|  |
| --- |
|  |

**LAY SUMMARY**

Please provide a plain English summary suitable for a broad lay audience *(maximum 300 words)*

|  |
| --- |
|  |

**RELEVANCE TO EPILEPSY IRELAND’S RESEARCH PRIORITIES**

Which of Epilepsy Ireland’s stated research priorities for this call does this application meet (tick as many as appropriate)? *Summarised below but full research questions can be found in the* [***‘Apply for Funding’ page on the Epilepsy Ireland website***](https://www.epilepsy.ie/content/apply-funding)***.***

☐ Effects of epilepsy / anti-seizure medications on brain health

☐ SUDEP / epilepsy mortality

☐ Pregnancy / hormones & epilepsy

☐ Devices / biomarkers for seizure prediction & prevention

☐ Psychosocial aspects of epilepsy (including quality of life)

☐ Underlying mechanisms of epilepsy

☐ Drug-resistant (refractory) epilepsy

☐ Personalised medicine (including gene therapy)

☐ Impact of epilepsy / epilepsy treatment on neurodevelopment

☐ AI & machine learning in epilepsy

##### CURRENT KNOWLEDGE & RESEARCH GAP

Please outline existing evidence and knowledge gaps that exist in the area of the proposed research *(maximum 300 words)*

|  |
| --- |
|  |

**OVERALL AIM** *(maximum 100 words)*

|  |
| --- |
|  |

**RESEARCH DESIGN AND METHODOLOGICAL APPROACH** *(maximum 600 words)*

|  |
| --- |
|  |

**PUBLIC INVOLVEMENT (PPI) IN PROPOSED PROJECT** (*maximum 200 words)*

|  |
| --- |
|  |

**POTENTIAL IMPACT OF RESEARCH***(maximum 200 words)*

|  |
| --- |
|  |

**POTENTIAL RISKS (e.g. recruitment) AND ETHICAL CONCERNS (e.g. data protection) AND HOW YOU WILL ADDRESS THEM** *(maximum 400 words)*

|  |
| --- |
|  |

**REFERENCES**

##### List up to five of the key peer-reviewed publications relevant to this research

|  |
| --- |
|  |

**RESEARCH ETHICS**

Is approval by a Research Ethics Committee necessary for your research?

☐Yes ☐ No

**USE OF ANIMALS**

Does your project involve the use of animals?

☐ Yes ☐ No

**PROJECT DURATION AND BUDGET**

Note that the minimum duration is 12 months and the maximum is 36 months. The maximum total budget is **€240,000 over three years (€80,000 p.a.)**

|  |  |
| --- | --- |
| **Duration:** |  |
| **Budget Total:** |  |

**BUDGET BREAKDOWN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Item** | **Year 1** | **Year 2** | **Year 3** |
| **1.Personnel Costs**  (inc salary, Employer’s PRSI, Pension contributions; or student stipend/ fees) |  |  |  |
| **2. Running Costs** |  |  |  |
| **3. FAIR Data Management Costs** |  |  |  |
| **4.** **Equipment** |  |  |  |
| **5. Dissemination Costs** |  |  |  |
| **TOTAL COST** |  |  |  |

**JUSTIFICATION OF COSTS**

Under each of the headings please itemise each cost and provide a brief justification of the costs.

|  |  |
| --- | --- |
| **1. Personnel Costs**  (inc salary, Employer’s PRSI, Pension contributions; or student stipend/ fees) |  |
| **2. Running Costs** |  |
| **3. FAIR Data Management Costs** |  |
| **4.** **Equipment** |  |
| **5. Dissemination Costs** |  |

**OTHER FUNDING SOURCES**

Please give details of any other financial support available for this or any other related project

|  |
| --- |
|  |

**PRINCIPAL INVESTIGATOR CV**

At this stage, we only require a CV for the Principal Investigator (max 5 pages) using the standard HRB template below.

|  |
| --- |
| **NAME AND CONTACT DETAILS** |
|  |
| **Permanent Position** |
| **CAREER PROFILE (Education and Employment)** |
|  |
| **DETAILS OF RESEARCH FUNDING MOST RELEVANT TO THIS APPLICATION AS PRINCIPAL/CO-INVESTIGATOR** |
|  |
| **HISTORY OF MENTORING AND SUPERVISION** |
|  |
| **INNOVATION/COMMERCIALISATION ACTIVITY (e.g., relevant industry collaborations, invention disclosures, patents, spin-outs)** |
|  |
| **OTHER INFORMATION AS APPROPRIATE** |
|  |

**Part 2 – Publication Listing (max 1 pages)**

|  |
| --- |
| **PUBLICATIONS (10 most relevant)** |
|  |
|  |

**Part 3 – Research Funding History (max 2 pages)**

|  |
| --- |
|  |
|  |

**SIGNATURE**

|  |
| --- |
| **Principal Investigator**  I agree to submit this proposal to the Epilepsy Ireland assessment process. I understand that shortlisted applicants will be requested to submit a full application using the HRB/HRCI Joint Funding Scheme application process and I agree that if shortlisted, I will submit a full application. As the Principal Investigator I confirm, to the best of my knowledge, that the information provided is correct.  Name    Signature: Date |