

Research Ireland Disability Supplement Request Form

This form covers requests for supplementary budget to support eligible Research Ireland grant holders and/or Research Ireland-funded Research Team members (including postgraduate students) who require eligible reasonable accommodations[[1]](#footnote-2) to participate fully in the research endeavour.

**This Request Form should be read in conjunction with the Research Ireland Disability Policy and the Disability Policy and Disability Supplement Guidance & FAQ Document.**

***Research Ireland explicitly requests that no personal health and/or medical documentation and/or information (including evidence of a medical diagnosis/diagnoses) be included in correspondence with Research Ireland when completing and submitting a Research Ireland Disability Supplement Request Form.[[2]](#footnote-3)***

Research Ireland Disability Supplements will be valid for the current financial year (2025). Where an individual requires support costs that span multiple calendar years of a grant, a separate form must be completed for each year budget is requested.

The relevant Research Ireland grant must be within its term, as per the Letter of Offer. Per the Disability Policy, if a request for budget is submitted while the relevant Research Ireland grant is within six months of its end date[[3]](#footnote-4) or is in an approved No-Cost Extension period, [[4]](#footnote-5) please contact disability.support@researchireland.ie before submitting a completed Disability Supplement request form. Retrospective costs for completed/closed grants are not eligible for funding via the Disability Supplement.

The Research Ireland Disability Supplement is **not** meant to replace existent funding mechanisms for reasonable accommodations, and requests for funding under this supplement should only be sought if the required budget is unavailable through other recognised avenues.

1. **Grant information**

|  |  |
| --- | --- |
| Name of Individual Requesting Supplementary Budget |  |
| Research Ireland Grant ID Number |  |
| Start Date of the Grant |  |
| Current End Date of the Grant |  |
| Principal Investigator (Grant holder)[[5]](#footnote-6) |  |
| Host Eligible Research Body |  |

1. **Disability Supplement Support Period**

Dates of Support sought:[[6]](#footnote-7)

Start:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Budget requested**

Provide a brief summary of how the budget will be used to support the individual with the disability/disabilities, including a description of the requested support and relevant budget requested. Insert a new row for each cost/support description. **Do not include any identifying personal health and/or medical information or evidence.** Please delete the italicised guidance once completed.

|  |  |
| --- | --- |
| Description of requested cost(s)/support(s) | Total budget requested for cost(s)/support(s) |
| *Personal administrative support** *Aid requester with proofreading and editing documents.*
 | *10 hours at €120.00/hour – Total: €1,200.00* |
| *Ergonomic computer chair* | *Total: €250.00* |
| *Taxi Fare** *To and from conference venue*
 | *3 return trips at €35.00/trip – Total: €105.00* |
| Grand Total of All Requested Costs |  |

1. **Budget Justification**

Provide a brief justification for why the requested cost(s)/budget is **not** available through existent funding mechanisms for reasonable accommodations/other recognised avenues such as the below *(not an exhaustive list)*:

* The HEA Funds for Disabled Students
* Institutional funding streams for staff with disabilities
* NGO supports

|  |
| --- |
|  |

1. **Declarations**

Individual Requesting Budget via the Research Ireland Disability Supplement:

I consent to the information provided in this form being used for a financial audit with the relevant parties (if necessary). You will be informed prior to any disclosure of information to individuals outside Research Ireland.[[7]](#footnote-8) Tick relevant box below:

* Yes
* No

Research Body Human Resources/EDI Officer **or** Disability/Access Officer:

* I confirm that the individual is a Research Ireland Grant holder or Research Ireland-funded Research Team member funded by a Research Ireland Grant. [[8]](#footnote-9)
* I confirm that the individual is registered with the appropriate Research Body Office[[9]](#footnote-10) as requiring reasonable accommodation(s).
* I confirm that the requested reasonable accommodation cost(s) are not available, eligible for funding, or in receipt of funding from any other institutional and/or governmental funding mechanism for disabled individuals.
* The requested reasonable accommodation cost(s) are eligible for funding under the Research Ireland Disability Policy. [[10]](#footnote-11)

Research Body Finance Officer:

* I confirm that the Finance Office can implement the costs outlined in this request form.
1. **Endorsements** (Must be completed)

Individual Requesting Budget via the Research Ireland Disability Supplement:

|  |
| --- |
| Name (including title):Original Signature: |

Research Body Disability/Human Resources Officer (as appropriate):

 Research Body Stamp/Date:

Name (including title):

Position in Research Body:

Original signature:

Date:

Research Body Finance Officer or Equivalent:

Name (including title): Research Body Stamp/Date:

Position in Research Body:

Original signature:

Date:

Please send the completed, signed version of this form to disability.support@researchireland.ie.

The relevant Research Body representatives should keep the original copy of the form for potential auditing purposes.

1. See the Research Ireland Disability Policy and Guidance and FAQ Document for further eligibility details. [↑](#footnote-ref-2)
2. See the [Research Ireland Privacy Policy](https://www.researchireland.ie/privacy-policy/) for further information. [↑](#footnote-ref-3)
3. Per the Letter of Offer. [↑](#footnote-ref-4)
4. For information regarding No-Cost Extensions, please refer to the Research Ireland website at <https://www.researchireland.ie/about/policies/>. [↑](#footnote-ref-5)
5. Per the Letter of Offer. [↑](#footnote-ref-6)
6. Start and end dates must be in 2025. [↑](#footnote-ref-7)
7. Please see section 9 of the Disability Policy and Supplement Guidance & FAQ Document for further information about disclosure and data privacy in the context of the Disability Supplement. Please also see the [Research Ireland Privacy Policy](https://www.researchireland.ie/privacy-policy/). [↑](#footnote-ref-8)
8. Individuals must either be fully or partially in receipt of their stipend or salary from a Research Ireland Grant. [↑](#footnote-ref-9)
9. The Human Resources/EDI Office for members of staff; the Disability/Access Office for postgraduate students. [↑](#footnote-ref-10)
10. See the Disability Policy and the Disability Supplement Guidance & FAQ Document for further details regarding eligible costs. [↑](#footnote-ref-11)