**Research Grant For**

**Returning Carers Procedure**

**Approved by of Executive Committee 20 April 2022**

1. **Purpose of the Procedure**
   1. The President has introduced a Research Grant for Returning Carers (RGRC) valued up to a maximum of €21,000, to allow for the support of eligible staff in re-establishing their independent research careers on return from extended leave (20 weeks or more) for reasons connected to caring - such as maternity leave, adoptive leave and associated parents leave, parental leave, or leave to care for a dependant. The Research Grant for Returning Carers provides additional support to minimise the impact of extended leave on research activities.
2. **Scope**
   1. This Procedure applies to all eligible staff in the University of Limerick.
3. **Definitions**
   1. Eligible staff are staff for whom scholarly research is an essential requirement of their role and who have the endorsement of their Department Head/Division Manager following the conditions below.
4. **Conditions** 
   1. Returning carers will be able to avail of 6 months protected research time or the hire of a research assistant on their immediate return from carer’s leave for a 6 month period, from first day of return, to maintain their research.

The grant valued up to a maximum of €21,000 must be used to relieve returning carers from teaching and administrative duties to enable them to focus on research activities or hire a research assistant on the immediate return from carer’s leave.

* 1. Funding for the grant will be allocated from the President’s Office to the relevant department.
  2. If an applicant for RGRC is on a fixed term or specific purpose contract, then there must be a minimum of 6 months remaining on their contract following their return from carer’s leave (20 weeks or more).
  3. Applicants for RGRC must clearly state how the grant will help them re-establish or maintain their independent research, along with the intended outcomes of their research activities while availing of the grant. Applicants must complete all sections of the application form, including the recommendation of the Head of Department and approval of the Dean, along with an up-to-date curriculum vitae. The completed application form and curriculum vitae must be returned to the HR Division.
  4. Upon completion of the provisions of the RGRC, the staff member must provide a written report to the relevant Head of Department/Division Manager, Dean of Faculty/Division Director and the Human Resources Division (Compensation & Benefits Office) within one month. Additionally, the staff member must present a feedback session to their department colleagues.
  5. Staff members who have previously availed of RGRC, may make additional applications following another period of extended carer’s leave (20 weeks or more).

1. **Procedure / Applicability**

5.1 A member of staff wishing to avail of the RGRC should submit an application, using the RGRC application form (appended below) and submit same to the relevant Head of Department/Line Manager at least 12 weeks prior to return date from carer’s leave.

5.2 On considering the application, the relevant Line Manager will submit the application with their recommendation to the Dean/Division Director for approval who will then forward the application with their recommendation to the Human Resources Division for final approval.

5.3 The decision on the application will be conveyed to the staff member in writing by the Human Resources Division.

5.4 The University has the right to postpone commencement of the provisions outlined in Paragraph 1.1 and 4.1 in exceptional cases, i.e. where the provisions could have a substantial adverse effect on the Department/School, such as where there are difficulties in finding a replacement or where a number of staff are already on leave. Such a requirement will always be discussed with the staff member before being put formally in writing. Notice of postponement will be given to the staff member not later than 8 weeks before the proposed commencement.

5.5 In the event that an application requires to be postponed the applicant will receive written confirmation of this decision along with the proposed commencement date.

**University of Limerick**

**Research Grant for Returning Carers (RGRC)**

**Application Form**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wish to apply for RGRC**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/School and Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed date of commencement of RGRC : \_\_\_\_\_\_\_**

**Outline the purpose of the planned research to be undertaken during the RGRC period to re-establish their independent research career or maintain their research following a period of carer’s leave.**

**In consultation with your Head of Department/Line Manager, outline the relationship between the planned research and the strategic research of the Department/Institute/Faculty.**

**Outline the tangible outcomes of the planned research to you and the department. (The scholarly merits of the planned activities should be clear e.g. publications.)**

**Your CV must be included with this application form. Please check the tick box to confirm you have attached your CV**

**I confirm that the information above is accurate and I agree to produce a report detailing the outcomes of the RGRC in accordance with the conditions contained in the Procedure.**

Signature: Date: (Applicant )

**Head of Department / Line Manager Recommendation**

I recommend approval of RGRC: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Head of Department/Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If recommendation is to approve but to postpone please give reason and proposed commencement date:

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**Dean/Director Approval**

I approve the RGRC as detailed above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Human Resources Division**

Application in Order Yes \_\_\_\_ No \_\_\_\_

HR Approval (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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