**INSTITUTE OF CHILD HEALTH**

ICH RDO Use Only:

cc **research.registration@gosh.nhs.uk**

**UNIVERSITY COLLEGE LONDON**

**SUPPLEMENTARY REGISTRATION INFORMATION FOR THE**

**MPhil/PhD/MD(Res) DEGREE**

**PART 1 - TO BE COMPLETED BY THE STUDENT**

**PLEASE NOTE THAT YOUR APPLICATION CANNOT BE PROCESSED UNLESS YOU HAVE SUBMITTED AN ONLINE UCL GRADUATE APPLICATION (**[**https://www.ucl.ac.uk/prospective-students/graduate/apply**](https://www.ucl.ac.uk/prospective-students/graduate/apply)**)**

**Please tick here to indicate that a UCL application has been submitted □**

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SURNAME:................................................ FIRST NAMES:……........................................ TITLE:……..…..

ICH ACADEMIC SECTION:…………………………………………………………………………………………...

INSTITUTE EMPLOYEE: □ GOSH EMPLOYEE: □ STUDENTSHIP/GRANT: □ SELF-SUPPORTING: □ ***(please tick appropriate box)***

NAME OF GRANT AWARDING BODY FOR PROJECT EXPENSES *(if applicable)*:.....................................

NAME OF GRANT AWARDING BODY FOR FEES *(if applicable):* ................................................................

NAME OF AWARDING BODY FOR STUDENT GRANT *(if applicable):* ........................................................

DURATION OF AWARD: Start date:........................................... Finish date:..............................................

IF ICH/GOSH EMPLOYEE, PLEASE INDICATE EXPIRY DATE OF CURRENT CONTRACT:…..................

**STUDY PLAN:**

WILL PROPOSED RESEARCH ENTAIL COLLECTION OF DATA FROM OUTSIDE LONDON? *(If so, give brief details including dates of proposed periods of absence.)*

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IF THE PROJECT REQUIRES SPENDING PERIODS OF TIME AWAY FROM ICH, HAVE ALL THE ADDITIONAL COSTS BEEN SECURED? IF SO, PLEASE NAME THE FUNDING BODY.

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**FOR PART-TIME STUDENTS ONLY (including ICH/GOSH employees):**

(*To help the Postgraduate Team to monitor your progress with appropriate timelines, please tick the appropriate box*):

WILL YOU BE WORKING FULL-TIME ON YOUR RESEARCH? □ **OR**

WILL YOU HAVE OTHER COMMITMENTS APART FROM YOUR RESEARCH? □

**DECLARATION:**

**(i) I certify that the facts stated on this form are correct.**

**(ii) I agree that ownership and management of any intellectual property generated by me during my time at ICH will be in accordance with UCL’s policy:** [**http://www.ucl.ac.uk/current-students/guidelines/intel\_prop\_rights**](http://www.ucl.ac.uk/current-students/guidelines/intel_prop_rights)**.**

**Signature: ................................................................... Date: ...................................................................**

**Cont/2...**

**PART 2 - TO BE COMPLETED BY THE SUPERVISORS**

I recommend that the above applicant be registered for: **MPhil □ PhD □ MD(Res) □**

Proposed date of registration: ........................................................................................................................

Expected date of completion *(see table below)*:..............................................................................................

|  |  |
| --- | --- |
| **MPhil/PhD**  3 years full-time  5 years part-time | **MD(Res)**   1. years full- or part-time |

1. Will the proposed research involve working with patients or experimental subjects under 18 years of age? *(If so, registration will be subject to satisfactory clearance being received from the Disclosure Barring Service.)*

**Yes □ No □**

1. Will the proposed research involve use of the ICH Irradiator? *(Access to the Irradiator is subject to satisfactory clearance being received.)*

**Yes □ No □**

1. (i) Has the student’s project been independently reviewed? **Yes □ No □**
2. Does the student’s project appear on the ICH self-funded portfolio? **Yes □ No □**

* **If YES to (i) or (ii)**, please provide full details as well as a copy of the project description **(This is required for the monitoring process and will be placed on the student’s file. The application cannot proceed without a copy of the project description being enclosed with this form.) Project outlines that appear on the ICH self-funded portfolio will need to be fully peer reviewed***.* .............................................................................................................................................................
* **If NO to (i) and (ii)**, please complete the **ICH PhD Project Proposal Form** (see <https://www.ucl.ac.uk/ich/intranet/education/research-degrees/documents-sup/stud-select>) and submit it with this form to Stella Fusco for final approval by the ICH Review Panel and the GOS ICH Departmental Postgraduate Tutor.

(iii) Has the project been registered with the R&D Office, and have you applied for ethics approval?

**Yes □ No □**

* **If NO, please contact the R&D Office for advice –** [**research.registration@gosh.nhs.uk**](mailto:research.registration@gosh.nhs.uk)

1. I confirm that my student will be encouraged to attend national/international conferences. Funding will be sought and/or provided as follows *(please tick all that apply)*:

**□** ICH Travel Award **□** SLMS Student Conference Fund **□** Professional Society(ies)

**□** Other (please provide details)…………………………………………………………………………………….

1. The vast majority of projects will have collaborative input by a second party regardless of how a project is funded. Where supervisors are collaborating with students (e.g. the project proposal has been written by the supervisor, or the student will be working on part of a larger project), the supervisor should complete the Description of Project on the ‘Assignment of Intellectual Property Rights in Student Work’ Form which the student should then sign before the form is returned to the ICH Research Degrees Office:

* [Assignment of Intellectual Property Rights in Student Work Form](https://www.ucl.ac.uk/child-health/sites/child_health/files/study-phd-assignment_of_ip_rights_in_student_work.doc)

**Name of Principal Supervisor: ....................................................... Signed......................................................**

I confirm that I have obtained Faculty Approval to act as a Principal Supervisor and that I have attended the mandatory UCL Graduate School course: **Yes □ / No □** (see <https://www.ucl.ac.uk/teaching-learning/professional-development/arena-open/research-supervision-ucl>. You can also check your UCL approved supervisor status with the [GOS ICH Research Degrees Office](mailto:ich.researchdegrees@ucl.ac.uk))

I am currently on a:

**□ Fixed-Term Contract: Start date……………………….... End date……………………………….**

**□ Permanent/Open-ended Contract**

**Cont/3…**

**Name of Subsidiary Supervisor: .................................................... Signed.....................................................**

I confirm that I have obtained Faculty Approval to act as a Subsidiary Supervisor and that I have attended the mandatory UCL Graduate School course: **Yes □ / No □** (see <https://www.ucl.ac.uk/teaching-learning/professional-development/arena-open/research-supervision-ucl>. You can also check your UCL approved supervisor status with the [GOS ICH Research Degrees Office](mailto:ich.researchdegrees@ucl.ac.uk))

I am currently on a:

**□   Fixed-Term Contract: Start date……………………….... End date……………………………….**

**□ Permanent/Open-ended Contract**

**PART 3 – THESIS COMMITTEE - TO BE COMPLETED BY THE PRIMARY SUPERVISOR**

Please read the [GOS ICH Thesis Committee Guidelines](https://www.ucl.ac.uk/child-health/sites/child_health/files/intranet-study-resdeg-fphs_gos_ich_thesis_committee_guidelines_2021-22.pdf) before completing this part of the form.

**Thesis Committee Membership:**All Thesis Committees must include the Secondary Supervisor, plus at least one other member (including the independent Chair). Please provide details below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Institution** | **Department** | **Academic/Research**  **Position:** | **Role** |
|  |  |  |  | **Chair** |
|  |  |  |  | **Secondary Supervisor** |
|  |  |  |  | **Additional member (optional)** |
|  |  |  |  | **Additional member (optional)** |

I confirm that:

1. The above members of the Thesis Committee have agreed to take on this role as indicated above.
2. I have circulated a copy of the GOS ICH Thesis Committee Guidelines to the appointed members of this Thesis Committee.
3. I have read the GOS ICH Thesis Committee Guidelines and that the above members have been appointed to the Committee in accordance with these Guidelines.

**Name of Primary Supervisor:………………………………….. Signed:………………………. Date:…………………..**

**PART 4 - TO BE COMPLETED BY THE ICH ACADEMIC SECTION HEAD**

I approve the above application for the research degree registration and confirm that Unit facilities are sufficient to ensure that the proposed research can be undertaken.

I also confirm that all the necessary funding required for the completion of this project has been secured.

**Name of Section Head: ............................................. Signed:………………..……………. Date:...……….......**

***If you have any concerns regarding the above, including queries about supervisory arrangements, please contact Claire Thorne, Departmental Graduate Tutor (***[***claire.thorne@ucl.ac.uk***](mailto:claire.thorne@ucl.ac.uk)***)***

**PART 5 - TO BE COMPLETED BY THE POSTGRADUATE TUTOR**

I confirm, on behalf of the Research Degrees Committee, approval for the above applicant to be registered for the following Degree:

MPhil □     PhD □ MD(Res) □ Effective date of registration:.....................................................

**Signature: ................................................................... Date: .......................................................................**

**Postgraduate Tutor**