### UCL open logo

**INSTITUTE FOR WOMEN’S HEALTH**

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**MPhIl/PhD Project PropoSal CHECKLIST**

**Please complete all FIVE sections below.**

**This form should be returned with the application form to Sioban SenGupta (s.sengupta@ucl.ac.uk)**

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| 1. **APPLICANT DETAILS** | | | |
| **Applicant’s Name:** |  | | |
| **Research Degree applied for:** (MPhil/PhD etc.) |  | **Method of Study & Fee Status:** (FT, PT) (H/EU, OS) |  |
| **Proposed Start date:** |  | | |
| **Has the applicant been interviewed by two academics?** |  | | |
| **Do you intend to accept the student?** |  | | |
| **IfWH Academic Research Department responsible for student:** |  | | |

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| 1. **SUPERVISORS DETAILS** | |
| **Who will act as Principal and Subsidiary Supervisors?** | Principal:  Subsidiary: |
| **Do both supervisors have UCL contracts valid for the duration of the applicant’s proposed period of formal registration?**   * MPhil/PhD (FT) 3YR * MPhil/PhD (PT) 5YR * MD(Res) 2YR | Principal:  Subsidiary:  All supervisors must be members of the academic staff of UCL, see Academic Regulations section 4: <http://www.ucl.ac.uk/ras/acd_regs/ac_reg_pdf_docs/RD_Section_1_2011_2012.pdf> |
| **Are both supervisors Faculty approved?** | Principal:  Subsidiary:  All supervisors must be Faculty approved: <http://www.ucl.ac.uk/slms/staff-students/info/education/research_supervision> |
| **Have both supervisors read the Doctoral School Code of Practice** | Principal:  Subsidiary:  All supervisors must have read the Doctoral School Code of Practice: <http://www.grad.ucl.ac.uk/essinfo/> |
| **Proposed Thesis Committee members** | Chair:  Panel member:  Chair must be an experienced approved supervisor |

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| 1. **FUNDING**   *Please ensure that you provide realistic and detailed costings for the research costs associated with the PhD project.*    *It is estimated that research student wet lab projects, especially with animals or cell culture, will need a commitment of at least 15k per annum. Projects collecting human samples or data for analysis may require less.  It is preferable that these costs will be covered by a grant to the supervisor or to the student in the form of a scholarship or fellowship.*  *If supervisors want to charge the student less than the full research costs for the project, they must be clear where the funding difference is coming from. Either the supervisor will need to top it up from funds that they currently hold or the student will have to cover the difference. If the student is topping up then you must also complete an Additional Fee Element (AFE) form to ensure that the amount the student is liable for per annum is included in their offer.  Students should be encouraged to apply for scholarships/fellowships to cover this AFE and discouraged from topping up the deficit in research costs in an ad hoc/self-funded way.* | |
| **Total Funds required:** |  |
| **Is your group taking responsibility for:** (please answer Y/N and provide detail of how these costs will be covered)  (see: <http://www.ucl.ac.uk/prospective-students/graduate-study/fees-funding/fees-expenses> for information on a) & b))  **a) tuition fees:**    **b) living expenses:**    **c) project consumables:**    **d) Funding towards attendance at national (minimum - £250) and international conferences (minimum - £350):** | |
| **If the student is self-funded, do you require bench fees?**  **If yes, please specify the amount per annum, explain why this additional fee element is required and complete & return the necessary AFE forms**  (see: <http://www.ucl.ac.uk/slms/staff-students/info/education/additional_fee_element>)  up to £5K  up to £10 K  £10K+ | |
| **The Supervisor and Student confirm that:**  the Supervisor and Student have discussed the likely costs of studying for a PhD;  the Student has looked at the information about fees and funding on the [UCL website](https://www.ucl.ac.uk/prospective-students/graduate/research-degrees/fees-and-funding);  the Student accepts full responsibility for the payment of tuition fees (including AFE if applicable).  the Student understands that their supervisor cannot be held liable for any financial support for the duration of their studies. | |

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| 1. **ACADEMIC PARTNERSHIPS** | |
| [**https://www.ucl.ac.uk/srs/academic-manual/c7/c7-intro**](https://www.ucl.ac.uk/srs/academic-manual/c7/c7-intro)  **Is this project dependent on the involvement of an organization external to UCL?**  **Give a description of  the nature of the involvement with the contact details of a named representative from the external organization** | |
| **Supervision:              Y/N** |  |
| **Facilities:                    Y/N** |  |
| **Data:                            Y/N** |  |

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| **PROPOSED INVESTIGATION**  **This section must NOT exceed 1,500 words**.  **Please use double-spacing and font size 10-12 point ONLY,** and include a word count. |
| **TITLE OF PROJECT:** |
| **RESEARCH SUBJECT AREA:** |
| **AIM**: (List numerically, approximately 100 words) |
| **BACKGROUND**: |
| **PLAN OF INVESTIGATION**: |

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| 1. **APPROVAL OF RESEARCH** | | | |
| 6.1 | Does the project/trial involve the use of human participants or human tissue?  Note: Applicants whose proposed research involves the use of human tissue as specified in Human Tissue Act 2004 should confirm in their proposal that they will follow the relevant guidance issued by the Human Tissue Authority ([www.HTA.gov.uk](http://www.HTA.gov.uk)). | YES  NO | |
|  | If yes, please state any permission that you have and the title of the Research Ethics Committee that gave it. | | |
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| 6.2 | Does the project/trial involve working with patients or experimental subjects under 18 years of age? | | YES  NO |
|  | If yes, please confirm that satisfactory clearance has been received or will be received from the Disclosure and Barring Service (DBS) before the applicant carries out any unsupervised work with patients or experimental subjects. | | |
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| 6.3 | Does the project/trial involve the use of human embryos requiring a licence from the Human Fertilisation and Embryology Authority (HFEA)? | YES  NO | |
|  | If yes: give licence number, date of issue, end date and title of approved project/trial. | | |
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| 6.4 | Does the proposal involve research on gene therapy that requires regulatory approval? | YES  NO | |
|  | If the proposal involves research on gene therapy that requires regulatory approval, please state the steps that have been taken to obtain the approval of your Local Research Ethics Committee, the University’s Genetic Manipulation Committee, the Gene Therapy Advisory Committee and the Medicines Control Agency. | | |
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| 6.5 | In the course of the project/trial, do you propose to use facilities within the NHS and/or does your research involve patients being cared for by the NHS? | YES  NO | |
|  | If yes: please confirm that your project/trial is in accordance with the principles of the Statement of Partnership on Non-commercial R&D in the NHS in England (or the corresponding statements in Northern Ireland, Scotland and Wales), distributed with Department of Health EL(97)77, dated 27 November 1997. | | |
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| 6.6 | Which NHS provider(s) has (have) agreed to facilitate this research? | | |
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| 6.7 | Does the proposal include the use of animals or animal tissue? | | YES  NO |
| 6.7i | If yes: does the proposal include procedures to be carried out on animals in the UK that require a Home Office licence? | | YES  NO |
|  | If yes: has the Home Secretary granted a Trial Licence, under the terms of the Animals (Scientific Procedures) Act 1986, authorising the proposed experiments? | | YES  NO |
|  | If yes: state the name and address of the licensee, the trial licence reference number, date of issue and end date. | | |
| 6.7.ii | Do you, or any other researchers associated with the project/trial, hold a Personal Licence under the Animals (Scientific Procedures) Act 1986, permitting the procedures required for the research to be carried out? | | YES  NO |
|  | If yes: give Personal Licence Reference Number and the name of the Licence Holder. | | |
|  | If no: has application been made for such a licence? | | YES  NO |
|  | Please give a brief explanation, including the date when an application will be made. | | |

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| Name of Supervisor: | Supervisor’s Signature: | Date: |
| Student’s Name: | Student’s Signature | Date: |
| Name of Head of Research Department: | Signature: | Date: |