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| **ACF Year 1: Project Planning Meeting – Form 1****(with Supervisor or Academic Programme Lead)****September/October (OR within first 3-months of starting if not an August start)** |

| **ACF Name** |  | **Specialty**  |  |
| --- | --- | --- | --- |
| **Supervisor** |  | **APL** |  |
| **Date of meeting** |  |

| **Research Training Programme (RTP)** |
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| Is the ACF registered for MRes? Y/N **(*If N, prior higher degree?-*** **)**If not, what are the first year plans for broader academic skills training: (to be assessed at ARCP) (see competency matrix for self-assessment and planning) |
| **Research** |
| Title of research project: |
| Aims and learning outcomes of project: *the project work should be designed to lead to a successful PhD Fellowship application. Discuss how this will be achieved. Where will you apply, when will the deadline be? Have you engaged with Faculty Fellowship Academy?* |
| Synopsis of Research Project and approaches to be taken:Is training needed, and how will it be provided? |
| When do you intend to take your research block?From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_ ☐ Not applicable (will defer until next year) |
| Does the project have NRES and University Ethical Approval …. Yes/No/Pending/Not Needed*If yes, please provide the NRES number:* |

**Declaration by ACF**

I have read and agree with the requirements of the Edge Hill University with respect to MRes Degrees and have discussed this with my Project Supervisor and Advisor. I have read the relevant Safety Codes and have been advised of any particular hazards and precautions associated with my programme of work.

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*Print name of ACF Signature of ACF Date*

**Declaration by Supervisor /APL**

I have met with the above named student, discussed with him/her the roles of a supervisor. The ACF is familiar with the requirements of the School of Medicine Safety Code.

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*Print name of supervisor Signature of supervisor/APL Date*

**UPON COMPLETION PLEASE SUBMIT A COPY TO:**

**DEANERY e-PORTFOLIO AND** **ICATO@edgehill.ac.uk**