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| PhD StudentshipSet-up Report *[May 2024]* |  |
| As set out in the *PhD Standard Conditions of the**Award of Medical Research Scotland Research Funding,*this report is required to be submitted three monthsafter the start of the PhD Studentship and should becompleted by the Principal Supervisor from theAdministering Institution. | *For office use only*: **Received:** **Studentship Ref. No: PhD-****-** |

###### Once complete, this Report Form (saved as a Word doc file) should be emailed, as an attachment, toapplications@medicalresearchscotland.org ****by the Principal Supervisor**. The content of the email should state that they confirm they have approved the attached report.** Please do not try to insert signatures into the Word doc.

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| Medical Research Scotland PhD Studentship Ref. No. *(enter the digits in the grey box)* | **PhD-**     -      |
| Administering Institution:       |
| Principal Supervisor Surname:       | Forename(s) :       |
| Full contact details (address, email, tel. nos):       |
| Title of PhD Studentship:       |
| External Partner Organisation (EPO) Name:       |

Please answer **ALL** the following questions. Provide explanations if the answer to any question is ‘No’.

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| **1a.** Is the PhD student in post?  |  |
| **1b.** If the student is **not** in post, give details of the reason for the delay.:       |
| **1c.** Start date of PhD Studentship programme (dd/mm/yyyy).:  |       |
| **1d.** Full name of student appointed.:        |
| **2a.** Has work on the PhD Studentship started? |   | **2b.** On which date? (dd/mm/yyyy): |       |
| **2c.** If work on the PhD Studentship has not started, give details of the reason for the delay. [Please note that failure to make a timely start – i.e. within 4 months of September of the academic year following the offer of a PhD Studentship Award – may result in the award of the PhD Studentship being forfeited: *see Section 7 of the Guidance Notes for Applicants for a PhD Studentship.*]:       |
| **3a.** Is the project being carried out that for which funding was awarded? |  |
| **3b.** If not, give details of any changes, the reasons for them and enclose copies (when sending the printed hard copy of this report) of the correspondence with Medical Research Scotland which requested and approved such changes.:       |
| **4.** Will the money awarded to you be used solely for the purposes for which it was approved? |  |
| **5. SUPERVISORS:** Please confirm that the Administering Institution, External Partner Organisation and ALL the personnel named on the original Application Form as having a supervisory role in the PhD Studentship remain as on the Application Form and are still in place. If the answer to ***ANY*** is ‘no’, or additional supervisors have been added to the Studentship, please explain here, including the names of all relevant individuals.:       |
| **5a.** Administering Institution |  |
| **5b.** External Partner Organisation |  |
| **5c.** Principal Supervisor from Administering Institution |  |
| **5d.** Second Supervisor from Administering Institution |  |
| **5e.** Any Additional Supervisors |  |
| **5f.** Supervisor from External Partner Organisation |  |
| **6.** By checking the box on the right, you confirm that you have re-read, understood and are still willing to comply with the *PhD Standard Conditions for the Award of Medical Research Scotland Research Funding* and any other conditions, as specified in your Letter of Award.  | [ ] [ ] [ ]  |

**PRINCIPAL SUPERVISOR FROM ADMINISTERING INSTITUTION**

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| FULL NAME (BLOCK CAPITALS):      **Signature** *(Original signature to be included in the hard copy sent by post)***:**  | Date:      (dd/mm/yyyy) |