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| PhD StudentshipFinal Report*[May 2024]* |  |
| As set out in the *PhD Standard Conditions of the Award of Medical Research Scotland* *Research Funding*, this report is required **within three months** **of completion** of the PhD Studentship funding period. You will have been informed of the deadline for its submission. This report should be completed, as appropriate, by the Principal Supervisor, the PhD Student and the IP Manager in the Administering Institution **and** by the External Partner Organisation Supervisor and designated External Partner Organisation signatory and then submitted by the Principal Supervisor from the Administering Institution. | *For office use only*:  **Received:** Studentship Ref No: PhD-     - |

###### PLEASE COMPLETE ALL SECTIONS (A, B & C)

###### Once complete, this form (saved as a Word doc file) should be emailed, as an attachment, to[applications@medicalresearchscotland.org](mailto:applications@medicalresearchscotland.org) **by each of the signatories listed at Section 9. 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.

**SECTION A – ADMINISTERING INSTITUTION FINAL REPORT**

**1. PhD Studentship**

|  |  |  |
| --- | --- | --- |
| **Studentship Ref. No.** *(enter the digits in the grey boxes)* | **PhD-**     - | |
| **Studentship Project Title** *(if this is different from that on the original application, see Section 10 below):* | | |
| **PhD Student’s Full Name**: | | |
| **Lay Summary** *(to be copied from the original application):* | | |
| If the PhD Student has graduated, please provide the actual graduation date (dd/mm/yy). | |  |
| If the PhD Student has not yet graduated, please provide anticipated graduation date (dd/mm/yy). | |  |

**2.** **Administering Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title of Institution: | | | | | |
| Full Postal Address: | | | | | |
|  | | | | | |
|  | | Town: | | Postcode: | |
| Tel No: | Fax No: | | Email: | | |
| Is this the Administering Institution as named on the original application?  If the answer is ‘No’, please provide the name of the original Administering Institution and state the reason for the change of Administering Institution. | | | | |  |

**3. Principal Supervisor from Administering Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: | | | Forename(s): | | |
| Title: | Position held: | | | | |
| University/Research Institution in which the PhD Student has been matriculated and from which he/she has graduated/will be graduating. | | | | | |
| Department in which the research was carried out: | | | | | |
| Address: | | | Address: | | |
| Address: | | | Town: | | |
| Postcode: | | Tel No (1): | | Tel No (2): | |
| Fax No: | | Email Address: | | | |
| Is the Principal Supervisor from the Administering Institution as named on the original application?  If the answer is ‘No’, please provide the name of that individual and state the reason for the change of supervisor.: | | | | |  |

**4. Second Supervisor from Administering Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: | | | Forename(s): | | |
| Title: | Position held: | | | | |
| University/Research Institution: | | | | | |
| Department: | | | Address: | | |
| Address: | | | Address: | | |
| Address: | | | Town: | | |
| Postcode: | | Tel No (1): | | Tel No (2): | |
| Fax No: | | Email Address: | | | |
| Is the Second Supervisor from the Administering Institution as named on the original application?  If the answer is ‘No’, please provide the name of that individual and state the reason for the change of supervisor.: | | | | |  |

*I****f additional supervisors were involved in the PhD Studentship, please contact*** [**applications@medicalresearchscotland.org**](mailto:applications@medicalresearchscotland.org) ***to request an amended report form.***

**5. PhD Student’s Final Report**

This section must be completed by the PhD Student supported during the Medical Research Scotland PhD Studentship Award. You should be concise. If all the text copied from another document and pasted into any of the fields does not appear, it will be necessary for you to edit the text. If illustrations are necessary to augment your text, please refer to them in the text and insert them into the ***separate*** MS Word document (“PhD Studentship Report Images”, which is downloadable from the Medical Research Scotland website) as a .gif, .tiff or .jpeg **NOT** .pdf. Please ensure that the size and/or resolution of the inserted graphic has been reduced appropriately to ensure that the document is no longer than 2 x A4 sides and that the **total** size of your Report does not exceed 1MB in size.

|  |  |  |
| --- | --- | --- |
| **5.1 Concise (100 words max) Lay Summary of the research findings.** Please note that this summary will be read by Medical Research Scotland Trustees who have no scientific or medical background and it may also be used by Medical Research Scotland on its website and in publicity about the PhD Studentship Awards. It is, therefore, in your interests to make it intelligible to a lay audience. *(NB: This field is limited to 1,000 characters & spaces.)*: | | |
| **5.2 Concise (200 words max) Technical Summary of the Research Findings.** Tables or images to illustrate the research findings cannot be included here, they must be inserted into the **separate** document (“PhD Studentship Report Images”): *(NB: This field is limited to 2,000 characters & spaces.)*: | | |
| **5.3 Explain (150 words max) the extent to which the original aims of the project have been met.** | | |
| **5.4 Are you submitting a separate “PhD Studentship Report Images” file?** *(Check box if you* ***are****.)* |  | |
| **5.5 Personal Reflection (100 words max) on the experience of the PhD Studentship:** *(NB: This field is limited to 1,000 characters & spaces.)*: | | |
| **5.6 Publications & (external) Meetings Presentations:** List (providing full references and with the full url for linking to any online publications) any publications or poster and oral presentations at external meetings and workshops which have arisen during or from the research towards the PhD Thesis (*and see also Section 11 below*). Electronic copies of publications and external poster presentations must be included when sending this report to [applications@medicalresearchscotland.org](mailto:applications@medicalresearchscotland.org) (please do not include PowerPoint presentations). Copies of all publications arising ***after*** submission of this report should also be sent to [applications@medicalresearchscotland.org](mailto:applications@medicalresearchscotland.org). | | |
| **5.7 Human Health Benefits (50 words max):** Indicate any potential benefits to human health which may result from the research undertaken during this PhD Studentship. *(NB: This field is limited to 500 characters & spaces.)*: | | |
| **5.8**  **Future Plans & Career Progress:** Are you currently employed, or seeking employment, in research where the Medical Research Scotland PhD Studentship award enhanced your research career progression?  If ‘Yes’, please provide **brief** details, *including* whether the employment is in academia or industry. *(NB: This field is limited to 500 characters & spaces.).*  If ‘No’, please explain briefly. *(NB: this field is limited to 500 characters & spaces.)*:  If you are not currently employed in your intended career, what career are you hoping to follow? | |  |

**6. Principal Supervisor’s Report on and Assessment of the PhD Student**

|  |  |  |
| --- | --- | --- |
| **6.1.1** Has the student’s PhD thesis been submitted for examination? | |  |
| **6.1.2** If the answer to 6.1.1 is ‘No’, when is expected to be submitted for examination? | |  |
| **6.1.3** Has the student’s PhD thesis been examined? | |  |
| **6.1.4** If so, what was the outcome of the examination – Pass, Fail, Other (*please explain*): | | |
| **6.1.5** If the answer to 6.1.3 is ‘No’ because the examination has not yet taken place, when do you expect the outcome be known (dd/mm/yyyy)? |  | |
| **6.1.6** If the answer to 6.1.3 is ‘No’ for any *other* reason, please explain and summarise (50 words) what action will be taken as a result. *(NB: This field is limited to 500 characters & spaces.):* | | |
| **6.2** Please provide a short (150 words max) assessment of the PhD Student and his/her work during tenure of the Medical Research Scotland PhD Studentship Award. *(NB: This field is limited to 1,500 characters & spaces.):* | | |

**7. Training Provision**

|  |  |
| --- | --- |
| **7.1**  List (bullet points) the Research and Generic/Transferable Skills Training which both the Administering Institution andExternal Partner Organisation specified in the PhD Studentship Application would be provided *(this should be copied from the original application form).:* | |
| **7.2**  Has the training provided by the Administering Institution been as anticipated when the application was made?  If ‘Yes’, please give brief details: |  |
| **7.3**  Has the training provided by the External Partner Organisation been as anticipated when the application was made?  If ‘Yes’, please give brief details: |  |
| **7.4**  If the answer to ***either*** of the above questions is ‘No’, please explain here.: | |

**8. Research involving Animals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8.1** Has your research involved use of animals that are covered by the Animals (Scientific Procedures) Act 1986 (<https://www.gov.uk/research-and-testing-using-animals>)?  **If ‘Yes’, please go to 8.2, if ‘No’, please go to 9.** | | |  | |
| **8.2** Please enter the names of **all** species involved **and** the number of animals of each species used in your research. | | | | |
| **Species of animal** | | **Number used** | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| **8.3** Please indicate which of the following 3Rs have been implemented in your research by checking the appropriate boxes. Definitions of the 3Rs can be found at [http://www.nc3rs.org.uk/the-3rs#The 3Rs definitions](http://www.nc3rs.org.uk/the-3rs%23The%203Rs%20definitions) | | | | |
| Replaced some animal use with alternative technique(s). | | |  | |
| Reduced the number of animals required (e.g. improved experimental design or statistical analysis). | | |  | |
| Made changes resulting in downgrading of severity limits for procedures/protocols. | | |  | |
| Avoided specific procedures or adverse effects (e.g. surgery, restraint, paralysis, death, infection). | | |  | |
| Observed objective indicators of improved animal welfare (e.g. reduced mortality rates, faster recovery times, physiological measures). | | |  | |
| Improved housing, including environmental enrichment. | | |  | |
| Substituted a species of lower neurophysiological sensitivity. | | |  | |
| Other | | |  | |
| If ‘Other’, please explain: | | | | |
| **8.4** If none of the above listed at **8.3**, please explain why. | | | | |
| **8.5** Please give a brief description of alternative techniques used to implement the 3Rs and note any subsequent impacts on the animals and the research. | | | | |
| **8.6** Has your work led to the development of any refinements or new methods with potential 3Rs impact that could be shared/adopted by others? | | |  | |
| **8.7**  If yes, please briefly describe these and the scale of the actual and potential impact e.g. local practice, national policy etc. | | | | |

**9. Intellectual Property agreements, protection & commercialisation**

|  |  |
| --- | --- |
| **9.1** Have all the Intellectual Property Plan agreements been adhered to?  If ‘No’, please explain.: |  |
| **9.2** Have the Administering Institution/ External Partner Organisation commenced commercial exploitation of any Intellectual Property resulting from the research undertaken during this PhD Studentship?  If ‘Yes’ please state which organisation and give details.:  If ‘No’, please explain why not.: |  |
| **9.3**  If the answer to 9.2 is ‘Yes’, do the Administering Institution/ External Partner Organisation plan to continue to exploit commercially any Intellectual Property created/acquired from the PhD Studentship project?  If ‘Yes’, please give details including any commercial contracts which have been entered into.:  If ‘No’, please explain.: |  |
| **9.4** Please provide details of any patent applications/granted patents resulting from the research undertaken during this PhD Studentship Award.: | |
| **9.5** Please provide details of any commercial contracts resulting from the research undertaken during this PhD Studentship Award.: | |
| **9.6** Will thecollaboration between the Administering Institution and the External Partner Organisation continue or do you intend to develop your collaboration in any way?  If ‘Yes’, please give brief details.:  If ‘No’, please explain.: |  |
| **9.7**  Will the research be developed further after the Medical Research Scotland PhD Studentship Award?  If ‘Yes’, please give brief details, including by whom/which organisation.:  If ‘No’ please explain.: |  |

**10. External Partner Organisation** **contributions:** Please indicate the sums the External Partner Organisation has provided during the PhD Studentship – as top-up to the student stipend and also such additional laboratory and other costs as were required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **TOTAL** |
| Student Stipend |  |  |  |  |  |
| Research Expenses |  |  |  |  |  |
| Other costs (travel etc.) |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

**11. Supporting Documentation**

A copy of the **final** version of the PhD thesis, including any post viva voce amendments when available, should be sent by email to [applications@medicalresearchscotland.org](mailto:applications@medicalresearchscotland.org) – please indicate if it is being sent with this form. PLEASE NOTE that Medical Research Scotland will NOT make Final Payment in respect of the PhD Studentship to the Administering Institution unless copies of all documents listed are received AND this report is deemed satisfactory.

|  |  |  |
| --- | --- | --- |
| **PhD Thesis Title:** |  | |
| Please include a pdf copy of the **final** version of the student’s thesis with this report if it is available.If the **final** version of the thesis, including any post viva voce amendments, is not yet available, please indicate why and provide the date when it will follow:  Reason final version of thesis is not available:  Date (dd/mm/yyy) when it will follow: | | |
| **Publications & (external) Meetings Presentations.** Electronic copies of all publications and poster presentations listed at Section 5.6 must be included with this report. Please do not send copies of PowerPoint presentations.  Are publications and/or poster presentations included?  If Yes, how many?  (Copies of all publications arising ***after*** submission of this report should also be sent to the [applications@medicalresearchscotland.org](mailto:applications@medicalresearchscotland.org).) | |  |
| **PhD Studentship Report Images file:** Please check the box if you **are** including a separate “PhD Studentship Report Images” file. | |  |

**SECTION B – EXTERNAL PARTNER ORGANISATION FINAL REPORT**

**12. External Partner Organisation Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| External Partner Organisation Name: | | | | | | |
| Registered Address: | | | Address: | | | |
| Address: | | | Address: | | | |
| Town: | | Postcode: | | Email: | | |
| Address for Correspondence *(if different from Registered Address above)*: | | | Address: | | | |
| Address: | | | Address: | | | |
| Address: | | | Town: | | Postcode: | |
| Tel No: | Fax No: | | | Email: | | |
| Company Registration No: | | | VAT Registration No: | | | |
| If the External Partner Organisation was a trading company, is it still? | | | | | |  |
| Is the External Partner Organisation as named on the original application?  If the answer is ‘No’, please provide the name of that External Partner Organisation and state the reason for the change | | | | | |  |

**13. Supervisor in the External Partner Organisation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | | | | Forename(s): | | | |
| Title: | Position held: | | | | | | |
| External Partner Organisation Name: | | | | | Company Registration No: | | |
| Address: | | | | | Address: | | |
| Address: | | | Town: | | | | Postcode: |
| Tel No(s): | | Fax No: | | | | Email address: | |

**14. Intellectual Property agreements, protection & commercialisation**

|  |  |
| --- | --- |
| **14.1** Have all the Intellectual Property Plan agreements been adhered to?  If ‘No’, please explain.: |  |
| **14.2** Have the External Partner Organisation/Administering Institution commenced commercial exploitation of any Intellectual Property resulting from the research undertaken during this PhD Studentship?  If ‘Yes’ please state which organisation and give details.:  If ‘No’, please explain why not.: |  |
| **14.3**  If the answer to 13.2 is ‘Yes’, do the External Partner Organisation/Administering Institution plan to continue to exploit commercially any Intellectual Property created/acquired from the PhD Studentship project?  If ‘Yes’, please give details including any commercial contracts which have been entered into.:  If ‘No’, please explain.: |  |
| **14.4** Please provide details of any patent applications/granted patents resulting from the research undertaken during this PhD Studentship Award.: | |
| **14.5** Please provide details of any commercial contracts resulting from the research undertaken during this PhD Studentship Award.: | |
| **14.6** Will thecollaboration between the External Partner Organisation and the Administering Institution continue or do you intend to develop your collaboration in any way?  If ‘Yes’, please give brief details.:  If ‘No’, please explain.: |  |
| **14.7**  Will the research be developed further after the Medical Research Scotland PhD Studentship Award?  If ‘Yes’, please give brief details, including by whom/which organisation.:  If ‘No’ please explain.: |  |

**SECTION C – DECLARATIONS & SIGNATURES FOR ADMINISTERING INSTITUTION, STUDENT & EXTERNAL PARTNER ORGANISATION**

|  |  |
| --- | --- |
| **15.** By checking the boxes and then signing below we, the Principal Supervisor for this PhD Studentship Award in the Administering Institution, the PhD Student supported by the Award, the External Partner Organisation Supervisor and the Director/Authorised Signatory within the External Partner Organisation who is responsible for Intellectual Property, confirm that:  **15.1 All the foregoing statements are true;**  **15.2 Any enclosed documents are valid copies of the originals; *and***  **15.3 All the monies paid by Medical Research Scotland have been used solely for the purposes of the PhD Studentship.**  **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***  **Names of the signatories must be typed in the Word doc form. Please do not attempt to enter signatures in the Word doc form.**  **15.4 For the Administering Institution**  **15.4.1 Principal Supervisor**  FULL NAME (BLOCK CAPITALS):  **Signature:**  *(The Principal Supervisor should email a copy of the final version of this report to* [*applications@medicalresearchscotland.org*](mailto:applications@medicalresearchscotland.org)*, confirming they approve the content of the report, which will substitute for them having physically signed the report.* ***Please do not try to insert signatures into the Word doc version of this form.****)*  **15.4.2 PhD Student**  FULL NAME (BLOCK CAPITALS):  **Signature:**  *(The Student should email a copy of the final version of this report to* [*applications@medicalresearchscotland.org*](mailto:applications@medicalresearchscotland.org)*, confirming they approve the content of the report, which will substitute for them having physically signed the report.* ***Please do not try to insert signatures into the Word doc version of this form.****)*  **15.4.3 IP Manager**  FULL NAME (BLOCK CAPITALS):  **Signature:**  *(The IP Manager should email a copy of the final version of this report to* [*applications@medicalresearchscotland.org*](mailto:applications@medicalresearchscotland.org)*, confirming they approve the content of the report, which will substitute for them having physically signed the report.* ***Please do not try to insert signatures into the Word doc version of this form.****)* | **Date:**  *(dd/mm/yyyy)*  **Date:**  *(dd/mm/yyyy)*  **Date:**  *(dd/mm/yyyy)* |
| **15.5 For the External Partner Organisation**  **15.5.1 External Partner Organisation Supervisor**  FULL NAME (BLOCK CAPITALS):  Position held:  **Signature:**  *(The External Partner Organisation Supervisor should email a copy of the final version of this report to* [*applications@medicalresearchscotland.org*](mailto:applications@medicalresearchscotland.org)*, confirming they approve the content of the report, which will substitute for them having physically signed the report.* ***Please do not try to insert signatures into the Word doc version of this form.****)*  **15.5.2 External Partner Organisation IP Director/Authorised Signatory**  FULL NAME (BLOCK CAPITALS):  Position held:  **Signature**:  *(The External Partner Organisation IP Director/Authorised Signatory should email a copy of the final version of this report to* [*applications@medicalresearchscotland.org*](mailto:applications@medicalresearchscotland.org)*, confirming they approve the content pf the report, which will substitute for them having physically signed the report.* ***Please do not try to insert signatures into the Word doc version of this form.****)* | **Date:**  *(dd/mm/yyyy)*  **Date:**  *(dd/mm/yyyy)* |