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| PhD StudentshipPost-Completion Report *[May 2024]* |  |
| As set out in the *PhD Standard Conditions of the Award of**Medical Research Scotland Research Funding*, this Reportis required within one year of completion of the PhDStudentship and should be completed by the PrincipalSupervisor & Intellectual Property Manager from theAdministering Institution. | *For office use only*:  **Received:**  **Studentship Ref. No: PhD-****-** |

###### COMPLETE ALL SECTIONS

###### 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 4.** 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.

**1. PhD Studentship Project**

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| **1.1 PhD Studentship Ref. No.** *(enter the digits in the grey boxes)* | | **PhD-****-** |
| **1.2 PhD Studentship Project Title:** | | |
| **1.3 Full Name of PhD Student:** | | |
| 1.4 PhD Studentship Start date (dd/mm/yyyy): | 1.5 Graduation date (dd/mm/yyyy): | |
| **1.6 Concise (100 words max) Lay Summary of the research findings of the PhD Studentship** *(to be copied from the previously submitted Final Report)*. *(NB: This field is limited to 1,000 characters & spaces.)*: | | |

**2. Principal Supervisor from Administering Institution**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | | | | Studentship Ref. No: **PhD-****-** | | | |
| Title: | Forenames: | | | | | | |
| Address Department: | | | | | Institution: | | |
| Address: | | | | | Address: | | |
| Address: | | | Town: | | | | Postcode: |
| Tel No(s): | | Fax No: | | | | Email address: | |

**3. Progress since submission of the Final Report**

Please respond to the following questions by selecting from the drop-down boxes provided. Space has been provided for you to give details or make comments where requested – the fields will expand to the maximum you require.

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| **3.1.1** If the PhD thesis had not been examined at the time of submission of the Final Report, please give the date it was examined: (dd/mm/yyyy) or, if it has not been examined, please explain why.: | |  | |
| **3.1.2** What was the outcome of the examination – Pass, Fail, Other (*please explain*):  **3.1.3** When did/will the PhD Student graduate? (dd/mm/yyyy): | | | |
| **3.2** An electronic copy of the student’s final version of their PhD thesis, including any post viva voce amendments, must be sent to Medical Research Scotland to [applications@medicalresearchscotland.org](mailto:applications@medicalresearchscotland.org). Please indicate (right) its status and, if applicable, provide the date (dd/mm/yyyy) it was sent: |  | | |
| **3.3** Has the research of the PhD Thesis been published?  If ‘Yes’, please provide full references here (including full url for online publications): | | |  |
| **3.4** Have the Administering Institution/External Partner Organisation commenced commercial exploitation of any Intellectual Property created/acquired from the PhD Studentship project?  If ‘Yes’ please state by which organisation and give details:  If ‘No’, please explain why not: | | |  |
| **3.5** If the answer to 3.4 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: | | |  |
| **3.6** Have any patent applications/granted patents resulted from the research undertaken during this PhD Studentship Award and since the Final Report was submitted?:  If the answer is ‘Yes’, please give details:  If the answer is ‘No’, please explain: | | |  |
| **3.7** Has thecollaboration between the Administering Institution and the External Partner Organisation continued or developed in any way?  If ‘Yes’, please give brief details:  If ‘No’, please explain: | | |  |
| **3.8** Has the research been developed further since the end of the Medical Research Scotland PhD Studentship Award?  If ‘Yes’, please give brief details, including by whom/which organisation:  If ‘No’ please explain: | | |  |
| **3.9** Have additional awards or funding been received as a result of the research conducted during the PhD Studentship?  If the answer is ‘Yes’, please give details: | | |  |
| **3.10** Is the former PhD Student currently employed?  If the answer is ‘Yes’, what is his/her job title?  Is the former PhD Student currently employed in research?  If ‘Yes’, please provide brief details, *including* whether the employment is in academia or industry:  If ‘No’, please explain briefly:  If the Medical Research Scotland PhD Studentship promoted or enhanced her/his research, academic or industrial career, please provide details (100 words max) on the particular aspects of the PhD Studentship that did so. *(NB: this field is limited to 1,000 characters and spaces.):* | | |  |
| **3.11** Have there been any further publications or presentations since the Final Report was submitted and reviewed?  If ‘Yes’, please list them (full references and links to any online versions) here and send electronic and hard copies with this Report. | | |  |

**4. SIGNATURES:** Both the Principal Supervisor from the Administering Institution and the representative of the Administering Institution who is responsible for Intellectual Property should sign this form.

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| **Principal Supervisor from the Administering Institution**  FULL NAME (BLOCK CAPITALS PLEASE):  Position held:  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.****)* | Date:  *(dd/mm/yyy)* |
| **Intellectual Property Manager from the Administering Institution**  FULL NAME (BLOCK CAPITALS PLEASE):  Position held:  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 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/yyy)* |