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| MRS-RCPSG ClinicalPhD StudentshipSet-up Report *[September 2025]* | Several logos of various brands  Description automatically generated with medium confidence |
| As set out in the *MRS-RCPSG Clinical PhD Standard Conditions*this report is required to be submitted three monthsafter the start of the Clinical PhD Studentship and should becompleted by the Principal Supervisor from theAdministering Institution. | *For office use only*:  **Received:**  **Clinical PhD Ref. No: CPA-****-** |

###### Once complete, this Report Form (saved as a Word doc file) should be emailed, as an attachment, to[applications@medicalresearchscotland.org](mailto:applications@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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| MRS-RCPSG Clinical PhD Studentship Ref. No. *(enter the digits in the grey box)* | | **CPA-**     - |
| Administering Institution: | | |
| Principal Supervisor Surname: | Forename(s) : | |
| Full contact details (address, email, tel. nos): | | |
| Title of Clinical PhD Studentship: | | |

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

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| **1a.** Is the Clinical PhD student in post? | | | | |  | |
| **1b.** If the student is **not** in post, give details of the reason for the delay.: | | | | | | |
| **1c.** Start date of Clinical PhD Studentship programme (dd/mm/yyyy).: | | |  | | | |
| **1d.** Full name of Clinical PhD student: | | | | | | |
| **2a.** Has work on the Clinical PhD Studentship started? |  | **2b.** On which date? (dd/mm/yyyy): | |  | | |
| **2c.** If work on the Clinical 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 the “Expected Start Date” may result in the award of the Clinical PhD Studentship being forfeited: *see Section 4.3 of the MRS-RCPSG Clinical PhD Standard Conditions.*]: | | | | | | |
| **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 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 and ALL the personnel named on the original Application Form as having a supervisory role in the Clinical 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.** Principal Supervisor from Administering Institution | | | | |  | |
| **5c.** Second Supervisor from Administering Institution | | | | |  | |
| **5d.** Any Additional Supervisors | | | | |  | |
| **5e.** Clinical PhD Student | | | | |  | |
| **6.** By checking the box on the right, you confirm that you have re-read, understood and are still willing to comply with the *MRS-RCPSG Clinical PhD Standard Conditions* and *MRS-RCPSG Clinical PhD Studentship Application Guidance Notes* any other conditions, as specified in your Letter of Award. | | | | | |  |

**PRINCIPAL SUPERVISOR FROM ADMINISTERING INSTITUTION**

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| FULL NAME (BLOCK CAPITALS):  **Signature** (*Please see directions in bold at the start of the form)* | Date:  (dd/mm/yyyy) |