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| **Doctoral candidate Supervision Record Form****(*to be completed by candidate)*** |
| 1. **Doctoral candidate ID:**
 |       |
| 1. **Doctoral candidate Name in full:**
 |       |
| 1. **Email address:**
 |       |
| 1. **Date of Registration:**
 |       |
| 1. **Mode of Study:**
 |       |
| 1. **Title of Research Programme:**
 |       |
| 1. **Registered for (please tick):**
 | **PhD 🞎****Professional Doctorate: 🞎 [insert course title]** |
| 1. **Latest Possible Submission Date:**
 |       |
| 1. **Collaborating Establishment(s):**
 |       |
| **Date of Supervision Meeting:** |       |
| **Supervisors present:** |       |
| **Duration of meeting** |       |
| **Subjects Discussed:**       |
| **Recommendations made:**       |
| **Actions for Doctoral candidate:** *[include targets set]* |
| **Actions for Supervisor(s):**       |
| **Further supervisor comments (if appropriate):**      |
| **Research Training:** (has research training been discussed, detail training needs, detail how training needs are to be addressed and by whom; has a research data management plan been agreed) |
| **I have read and agreed these notes.****Signed by** *(\*delete those not applicable below)***:****Doctoral candidate’s signature** …………………….... **Print Name**............................. **Date**.....................\***Director of Studies/Lead Supervisor** ...................... **Print Name** ............................ **Date** ....................\***Co-Supervisor** ............................ **Print Name** ............................. **Date** ...................\***Co-Supervisor** ............................ **Print Name** ............................. **Date** ...................\***Co-Supervisor** ............................ **Print Name** ............................. **Date** .................. |