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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** .................. | |