|  |
| --- |
| **ACF Year 1: Project Planning Meeting – Form 1**  **(with Supervisor or Academic Programme Lead)**  **September/October (OR within first 3-months of starting if not an August start)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **ACF Name** |  | **Specialty** |  |
| **Supervisor** |  | **APL** |  |
| **Date of meeting** |  |

|  |
| --- |
| **Research Training Programme (RTP)** |
| Is the ACF registered for MRes? Y/N **(*If N, prior higher degree?-*** **)**  If not, what are the first year plans for broader academic skills training: (to be assessed at ARCP) (see competency matrix for self-assessment and planning) |
| **Research** |
| Title of research project: |
| Aims and learning outcomes of project: *the project work should be designed to lead to a successful PhD Fellowship application. Discuss how this will be achieved. Where will you apply, when will the deadline be? Have you engaged with Faculty Fellowship Academy?* |
| Synopsis of Research Project and approaches to be taken:  Is training needed, and how will it be provided? |
| When do you intend to take your research block?  From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_ ☐ Not applicable (will defer until next year) |
| Does the project have NRES and University Ethical Approval …. Yes/No/Pending/Not Needed  *If yes, please provide the NRES number:* |

**Declaration by ACF**

I have read and agree with the requirements of the University of Manchester with respect to MRes Degrees and have discussed this with my Project Supervisor and Advisor. I have read the relevant Safety Codes and have been advised of any particular hazards and precautions associated with my programme of work.

.................................................................................................................…………………………………………………………

*Print name of ACF Signature of ACF Date*

**Declaration by Supervisor /APL**

I have met with the above named student, discussed with him/her the roles of a supervisor. The ACF is familiar with the requirements of the School of Medicine Safety Code.

.................................................................................................................…………………………………………………………

*Print name of supervisor Signature of supervisor/APL Date*

**UPON COMPLETION PLEASE SUBMIT A COPY TO:**

**DEANERY e-PORTFOLIO AND** [**ICATadmin@manchester.ac.uk**](mailto:ICATadmin@manchester.ac.uk)