**Year 1: ACL Project Planning Meeting**

First Month

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| --- | --- | --- | --- |
| CL Name |  | Supervisor |  |
| Date of meeting |  | CL Programme Lead |  |
| Research | | | |
| Title of research project: | | | |
| Short term aims/objectives of research:  *(the project work should be designed to lead to a successful Fellowship application)* | | | |
| Synopsis of Research Project and approaches to be taken:  Are there any internal or external collaborations to be arranged in order to make the project a success?  Are the research facilities adequate for the project to be undertaken? Where and with whom will work be undertaken  Is training needed, and how will it be provided? | | | |
| Does the project have NRES and University Ethical Approval: Yes/No/Not Needed | | | |
| Fellowship application plans with timeline | | | |
| Clinical Duties | | | |
| Please give a brief description of how you propose to balance your research and clinical duties during your CL position  *(include details of any major exams to be taken during this time):* | | | |
| Academic expectations | | | |
| *(to be completed during the meeting )* | | | |

**Declaration by CL**

I have read and agree with the terms and conditions of employment at the University of Manchester and have discussed any issues with my Supervisor. I have read the relevant Safety Codes and have been advised of any particular hazards and precautions associated with my programme of work.

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Print name of CL Signature of CL Date

**Declaration by Supervisor**

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

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Print name of supervisor Signature of supervisor Date

**Declaration by CL Programme Lead**

I have met with the above named CL and supervisor.

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Print name of CL Lead Signature of CL Lead Date