

**Doctoral College Programmes**

**Recommendation Form for a provisional PhD application under**

**Model C**

**To be completed for consideration by PGR Programmes and Quality Group.**

This form must be completed by the Head of the Faculty Graduate School for applicants recommended for a Provisional PhD candidature under the Model C Split-site candidature.

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| **Section 1. Information about the proposed candidature** | | | |
| **1. 1** | **Applicant's Name:** | |  |
| **1.2** | **Qualifications (dates & awarding institutions):** | |  |
| **1.3** | **English Language Qualification (and Score):** | |  |
| **1.4** | **Description of Proposed Research Area:**  Please also include ethical issues that have been considered and any relevant risk assessments that have been carried out.  A separate Research Proposal will also be required and should be submitted by the candidate through the Online Application portal (OLA) | |  |
| **1.5** | **Name of Supervisor(s) in Leeds:** | |  |
| **1.6** | **Method of Supervision whilst not in Leeds:**  **(eg telephone, video conferencing).**  Please note that email exchanges do not meet the requirement for a supervisory meeting. | |  |
| **1.7** | **Proposed dates of Full-time Study in Leeds:** (Precise information must be provided – see section 9 in the Model C Information - Attendance Requirements) | |  |
| **1.8** | **Date of Commencement:** | |  |
| **1.9** | **Visit by Supervisor(s). Will the supervisor visit the student at their place of part-time study?**  If yes, please provide the proposed timing of the visit(s). If not, please provide reasons why visits will not take place, and details of alternative arrangements to ensure the quality of the candidate’s experience. | |  |
| **Section 2. Information about Fees** | | | |
| **2.1** | **Will the standard University fee be charged?** | |  |
| **2.2** | **If the sum required is below the University rate (see section 8 re Academic Fees) please indicate the sum required by the Faculty for Year 1 of the candidature and for subsequent years.**  Please note that the appropriate form (currently FA1) must be completed and returned to Student Finance and Support indicating the Account Number which is to be charged for the residual fees**.** | |  |
| **2.3** | **If an additional bench fee is to be charged please indicate the fee and the specific research expenses which are included in the bench fee.**    If a bench fee is required, please attach a breakdown of costs by year of programme, as these are likely to be required by sponsors. | |  |
| **Section 3. Details of the arrangements for study carried out at a venue other than** **Leeds** | | | |
|  | | | |
| **3.1** | **Details of the Applicant's Employer and the post held by the applicant (if in employment):** | | |
| **(a)** | **Post held by applicant:**  (Please indicate if the applicant is not in  employment) | |  |
| **(b)** | **Employer's address:** | |  |
| **3.2** | **Where will research work be carried out:** (for example place of work, local Research library/Archives - please provide name and address as well as details of the holdings of the Research Library/Archives) | |  |
| **3.3** | **Proposed Local Supervisor or /Advisor**. Please provide details and post held below, together with evidence of the Advisor's familiarity with the UK system for the award of research degrees. For example, evidence could include examination experience of UK PhD or the proposed Advisor / Supervisor holding a UK PhD. Where the Advisor is not familiar with the UK system, please confirm that the Lead Supervisor will provide an induction and the Advisor will have the opportunity to attend the appropriate ODPL Supervisor training online.  The Supervisor or Advisor should normally be employed in an HEI, Research or Commercial or Industrial organisation with a significant research component or reputation. Other individuals may also be appropriate for appointment as a Local Advisor and Schools are asked to provide information below to support the case for appointment. Is the proposed Advisor or Supervisor willing, in principle, to act in this capacity? | | |
|  |  | | |
| **3.4** | **Statement of Support from Applicant's Employer, if in employment** (please arrange for completion of the form below, which forms the statement of support from the Applicant's Employer indicating the resources and facilities that will be made available for the conduct of the research. | | |
| **Section 4. Checklist of required documents ✓** | | | |
| **4.1** | Documents which must also be sent to Doctoral College Programmes alongside the relevant sections of this document, University application form and other relevant submitted documents: | | |
| **(a)** | the applicant's research proposal | | |
| **(b)** | Applicant Employer’s form (where relevant) indicating the resources and facilities that will be made available for the conduct of the research | | |
| **(c)** | Schedule of bench fees (if required) | | |
| **Section 5. Signatures** | | | |
| **5.1** | **Signature of Head of Faculty Graduate**  **School** |  | |
| **5.1** | **Date** |  | |

#### Form to be completed by Applicant’s Employer

Please complete this form to indicate what provision has been made for the applicant to study for a split-site PhD with the University of Leeds.

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| --- | --- |
| **1.** | **Applicant’s name:** |
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| **2.** | **Length of contract of employment:** |
|  |  |
| **3.** | **Subject of study:** |
|  |  |
| **4.** | **Provide details of any time allocation that will be given to the candidate so that they can undertake research degree study:** |
|  |  |
| **5.** | **What provision has been made for the applicant to be given leave of absence for their period of full-time study at the University of Leeds:** |
|  |  |
| **6.** | **What facilities/resources will be made available at the applicant’s place of work to enable them to undertake research degree study:** |
|  |  |
| **7.** | **Are facilities/resources available at any other venues? If so, please provide full details:** |
|  |  |
| **8.** | **Any other information you consider relevant to the application:** |
|  |  |
| **9.** | **Name:** |
|  |  |
| **10.** | **Position:** |
|  |  |
| **11.** | **Signed:** |
|  |  |

Once completed, the School should return the form to:

Doctoral College

rp\_applications@leeds.ac.uk

Tel: 0113 343 4006