## Post Graduate Degrees Registration Form

All MD/PhD student projects need to be registered with the joint R&D office. Please complete this form and send it to [research.registration@gosh.nhs.uk](mailto:research.registration@gosh.nhs.uk) for further guidance please visit <http://www.gosh.nhs.uk/research-and-innovation/researchers/rd-office/project-registration/>.

Each MD/PhD project will be given a unique R&D number and will be linked (if appropriate) to an already registered project.

|  |  |  |  |
| --- | --- | --- | --- |
| Key information | | | |
| **PhD project R&D number:** |  | | |
| Project title: |  | | |
| Will the PhD student work on an already registered project: | Yes  R&D number: | No | |
| Student: |  | | |
| Principal supervisor: |  | | |
| Secondary supervisor |  | | |
| Substantive employer of Principal Supervisor: (by reference to payslip): |  | | |
| (If ICH employee) Academic Section: |  | | |
| (If GOSH employee) West: | Portfolio A | | Portfolio B |
| (If GOSH employee) Barrie: | Portfolio A | | Portfolio B |

|  |
| --- |
| Funding information |
| Please state how this project is to be funded. Please send us copies of your application and award letter for any funding. |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| Project Details | | |
| Proposed project start date: | Proposed project duration of studentship: | |
| Will you recruit:  GOSH patients  GOSH staff  Non-GOSH NHS Trust patients  Other (e.g. GP patients/overseas) | | |
| If GOSH patients are involved, which Clinical Division will handle these patients? | | |
| West: | Portfolio A | Portfolio B |
| Barrie: | Portfolio A | Portfolio B |
| Will you use: | New tissue  Tissue bank only  Please provide the REC or R&D number:  Tissue from a previous study  Please provide the REC or R&D number: | |
| Where is the research being undertaken? (tick all that apply) | GOSH  ICH  Somers Clinical Research Facility  (See GOSH Resources on page 4)  Other | |
| Research methodology: |  | |