## 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 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.

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| 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  |

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