|  |  |
| --- | --- |
| A picture containing text  Description automatically generated | **CONFIRMATION REVIEW FORM**Note: a copy of this form will be sent to the student’s University email account following Faculty approval |

|  |
| --- |
| **STUDENT DETAILS**  |
| Surname |  | First Name |  |
| Registration Number |  | Department/Programme |  |
| End of tuition fee-paying period: |  | Current time limit: |  |

|  |
| --- |
| **RECOMMENDED OUTCOME OF CONFIRMATION REVIEW** |
| [ ]  **PASS** **(Doctoral status confirmed** | [ ]  **Resubmit documentation *without* another viva** | [ ]  **Resubmit documentation *with* another viva** | [ ]  **FAIL** **(Student to transfer to MPhil) – Normally only recommended after 2nd attempt** |
| **Expected completion date if a resubmission is required:**  |

|  |
| --- |
| **TO BE COMPLETED BY ASSESSORS** |
| **Ethical Approval:** Is ethics approval required for the research connected with this thesis? |  |
| **If yes,** has approval been granted via the appropriate ethics review procedure? |  |
| Has the student completed a TNA? |  |
| Has the student completed a Data Management Plan? |  |
| Is this a healthcare project as defined by the Department of Health Research Governance Framework? If yes, the project must be registered via the Online Costing Tool. |  |
| **Vaccinations:** If necessary, has the student completed the appropriate course of vaccinations in order to carry out their research? |  |
| **Risk Assessment**: If necessary, has Risk Assessment for off campus field work been done?  |  |

|  |  |
| --- | --- |
| Supervisor 1 Name: |  |
| Supervisor 2 Name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Signature | Date |
| Assessor 1: |  |  |  |
| Assessor 2: |  |  |  |
| PGR Lead: |  |  |  |
| PGR Lead comments:  |

|  |
| --- |
| **TO BE COMPLETED BY RESEARCH, PARTNERSHIPS AND INNOVATION** |
| End date for payment of tuition fees: |  | Time limit for submission of thesis: |  |
| **Approved on behalf of the Faculty by:** |
| Name:  | Signature:  | Date:  |

**CONFIRMATION REVIEW FORM**

|  |  |
| --- | --- |
| **Is this confirmation review 1st or 2nd attempt?** |  |
| **Date of confirmation review:** |  |

**Submission Documentation**

*To be completed by the assessors. Within this section, please provide a narrative response to justify your answers to the questions.*

|  |
| --- |
| Are the background and existing literature described clearly? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Has the student identified a clear research question or questions, making an original contribution to knowledge? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Is appropriate progress being made toward achieving the project aims at this stage, as evidenced by the documents presented? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Are the project plan and research methodology feasible for a project leading to timely submission of a doctoral thesis within the tuition fee-paying period? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Does the report provide a good summary of the contingencies required to mitigate any potential challenges to the successful completion of the degree? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Is the submission documentation correctly prepared and referenced? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Any further comments? |
|  |

**Viva Assessment**

*To be completed by the assessors. Within this section, please provide a narrative response to justify your answers to the questions.*

|  |
| --- |
| Does the student demonstrate a suitable understanding of the discipline, both in breadth and depth? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Does the student clearly articulate the motivation, aims, and original scholarly contributions of the project? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Does the student, with their supervisory team in place, appear capable of implementing this plan within the tuition fee-paying period? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Are the ethical issues being adequately addressed? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Any further comments?  |
|  |

**Personal and Professional Development**

*To be completed by the assessors. Within this section, please provide a narrative response to justify your answers to the questions.*

|  |
| --- |
| Is the student engaging sufficiently with training and development offered e.g. via the DDP? Yes [ ]  / No [ ]   |
| *Rationale:* |
| Do the TNA and DDP provide a clear plan towards meeting the student's training needs over the course of their degree? Yes [ ]  / No [ ]  |
| *Rationale:* |
| Any recommendations for additional training that the student should undertake.  |
| *Recommendations:*  |

**Summary**

|  |
| --- |
| Please provide a brief statement in support of your decision to pass/defer/fail. |
| *Statement:*  |