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| **SECTION A to be completed by the student** |

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| **Name** |  | | |
| **QUB Student Number** |  | | |
| **Glasgow ID NUMBER** |  | | |
| **Start Date** |  | | |
| **End Date** |  | | |
| **Year of Study** |  | | |
| **Mode of Study**  Full Time/Part-Time/Thesis Only/Graduation Only |  | | |
| **Cumulative Periods of Registration** |  | | |
| **Cumulative Periods of Approved Temporary Withdrawal** |  | | |
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| **PROJECT/THESIS TITLE:** |  | | |
|
| **Has ethical approval for this project been granted? Yes/No/not applicable** |  | | |
| **Principal Supervisor Name and Institution** |  | | |
| **First Co-Supervisor Name and Institution** |  | | |
| **Second Co-Supervisor Name and Institution (if applicable):** |  | | |
| **Dates of Recorded, Formal Progress Monitoring Meetings with Supervisor(s):** |  |  |  |
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| **SECTION B: Part 1 to be completed by the student** | | | |
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| **1. Provide a brief description of the work that you done in the first year of your PhD project.** | | | | | |
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| **2. Provide a brief assessment of your progress.** | | | | | |
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| **3. Provide an update on training and development activity that you have undertaken since your last review referring to any training needs identified at the beginning of the year (those whose primary supervisor is University of Glasgow are required to append their Training Needs Analysis Form to this report).** [**Refer to Guidance**](http://www.cdt-piads.ac.uk/Programme/InformationforCDTStudents/ProgrammeSpecificsforYearTwoStudents/#d.en.719072) | | | | | |
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| **4. Details of training courses attended (and for UofG the number of training credits obtained over the last year).** | | | | | |
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| **5. Are you in regular contact with your supervisor? Please summarize the arrangements and confirm that you are content with these.** | | | | | |
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| **6. Have you and/or your supervisor identified any issues which are affecting your progress? (e.g. skills gaps, facilities/equipment available etc.). If yes, please give details of these and how they will be resolved.** | | | | | |
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| **7. Provide a summary of the objectives that you have agreed with your supervisory team for the coming year. (e.g. fieldwork, written work, publication, conference attendance, project management training etc.) Please give details of nature, volume, deadlines as appropriate.** | | | |
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| **8. Reflect on the training you have completed and provide feedback on the courses you consider most/least beneficial. You may also use this space to give details on any training or development opportunities not provided that you would find useful.** | | | |
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| **9. Provide information about any knowledge exchange activities, grant applications, publications or public engagement activities that you have been involved in.** | | | |
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| **10. Provide information about any industry links you have made or would find useful for your project.** | | | |
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| **11. Provide a summary of how you have used your research budget for the review period (e.g. mobility between institutions, conference, research bench costs). You should include an explanation for any variances in your actual send against the budget set at the beginning of the year.** | | | |
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| **12. If you wish to make any other comments about your experience as a CDT student you may do so below.** | | | |
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| **SECTION B: Part 2 to be completed by the supervisor** | | | | |
| **To be completed by the primary supervisor and any co-supervisors who have significant and regular contact with the student. The student should also sign this section to indicate that he/she has received and read a copy of the Supervisors' report.** | | | | |
| **1. Are you in regular contact with the student? Please give approximate frequency, nature (e.g. email, in person, telephone, skype) and extent of your contact with the student** | | | | |
| **Supervisor:** |  | | | |
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| **Co-Supervisor/s** |  | | | |
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| **2. Where relevant confirm that the student:** | | |  | |
| **a) is aware of the various Codes of Practice and Safety Regulations governing their work and the labs where they work** | | | | |
| **b) has completed their own risk assessment covering the work that they are doing and has not relied on risk assessments completed by others.** | | | | |
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| **3. Do you agree with the comments made by the student in part B of the form in relation to training and development and issues concerning progress. Yes/No. If No provide details.** | | | | |
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| **4. Have you identified issues affecting the student's progress in the past session? If yes, specify how these have been managed and give an assessment of the outcome.** | | | | |
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| **5. Please rank the student’s progress during the review period in relation to the current stage of his/her studies by ticking one of the following:** | | | |
|  | Satisfactory | Concern | Unsatisfactory **\*** |
| Oral expression of ideas |  |  |  |
| Written expression of ideas |  |  |  |
| Development of research plan/thesis structure |  |  |  |
| Capacity for original ideas |  |  |  |
| Ability to organise own time and tasks |  |  |  |
| Acquisition/Exercise of appropriate skills |  |  |  |
| Understanding of relevant literature |  |  |  |
| Quality of submitted work |  |  |  |
| **6. Any additional comments from the Co-supervisor(s):** | | | |
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| **7. Please rank the student's OVERALL progress by ticking one of the following** | | | | |
| **Excellent** |  | | **Very Good** |  |
| **Good** |  | | **Adequate** |  |
| **Unsatisfactory\*\*** |  | |  |  |
| **Use the space below to provide more detail of your assessment.**  **If you assess progress as unsatisfactory a reason must be given. If the student is permitted to progress subject to corrective actions, a further student review meeting will be required in the next academic session.** | | | | |
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| **8. SUPERVISOR APPROVAL**  **I confirm/do not confirm (delete as applicable) that the proposed project and research plan is feasible, having taken into account the required timeframe for the degree**  **Supervisors to sign and date below** | | | | | |
| **Primary Supervisor** | |  | | Date | |
| **First Co-Supervisor** | |  | | Date | |
| **Second Co-Supervisor** | |  | | Date | |

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| **9. Student Statement** |  | |
| **To be signed and dated by the student when the supervisor section has been completed, signed and dated**  **I confirm that I have met with my supervisors to discuss the content of this progress report** | | |
| **SIGNATURE** | |  |  |
| **Date** | |  |  |
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| **SECTION C: OUTCOME OF REVIEW**  **To be completed by the Convener of the Progress Review panel** | | | |
| **Names of Progress Review Panel** | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| **Date of the Meeting:** |  | | |
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| **Feedback from the Progress Review Panel:** | | |  |
| **Provide a brief summary of the discussion within the review panel and of the feedback passed to the student (and supervisor, if relevant).** | | | |
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| **Confirm below that the student has undertaken sufficient transferrable skills training activity (**[**Refer to Guidance**](http://www.cdt-piads.ac.uk/Programme/InformationforCDTStudents/ProgrammeSpecificsforYearTwoStudents/#d.en.719072)**)** | | | |
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| **PROGRESS REVIEW PANEL RECOMMENDATION** | | | **Tick one box below as appropriate** |
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| **1. The student's performance is satisfactory and the student is permitted to register in the next season/proceed to the next stage** | | |  |
| **2. Notwithstanding minor concerns as detailed above, the student is permitted to register in the next season/proceed to the next stage subject to the following actions:** | | |  |
| Action 1 |  | | |
| Action 2 |  | | |
| Action 3 |  | | |
| Action 4 |  | | |
|  | **CONTINUED OVERLEAF** | | |
| **PROGRESS REVIEW PANEL RECOMMENDATION** | | | **Tick one box below as appropriate** |
| **3. The student's performance is unsatisfactory. We recommend that the student be permitted to register in the next session/proceed to the next stage only if the following substantial action is taken within the timeline specified and a satisfactory progression achievement plan is submitted plus a further assessment is held to determine whether further registration/progression on the CDT programme is recommended:** | | |  |
| Action 1 |  | | |
| Action 2 |  | | |
| Action 3 |  | | |
| Action 4 |  | | |
| **4. The student's performance is unsatisfactory and that a submission for an appropriate Master's degree examination (MPhil) is recommended.** | | |  |
| **5. The student's performance is unsatisfactory. Examination for an appropriate Master's degree is not recommended. THE STUDENT SHOULD BE EXCLUDED FROM FURTHER STUDY/REGISTRATION SHOULD BE TERMINATED** | | |  |
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| **Signature of the Convener of the Progress Review Panel:** | | | |
|  | | | Date: |
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