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| NORTH WEST CONSORTIUMDOCTORAL TRAINING PARTNERSHIP |
| COLLABORATIVE DOCTORAL AWARD APPLICATION FORM(October 2020 entry) |

**Please read the accompanying Collaborative Doctoral Award Guidance Notes before completing this application**

**1. Project Details**

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| **Name and email contact details of Primary Academic Supervisor and applicant (if a student is named in the project)**  |       |
| **Higher Education Institution** |       |
| **NWCDTP Pathway** |       |

**2. Doctoral Project Title**

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**3. Doctoral Project Proposal (A word limit of 1500 words max, including references)**

**Note: The NWCDTP reserves the right to disqualify proposals that exceed the word limit**

Applicants should provide:

Full details of the project;

A chronological breakdown for completing the doctoral award, including time to be spent at the non-HEI partner organisation and

Details of the academic impact of the CDA.

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**4. Confidential Information, Intellectual Property Rights and Ethics**

Have you considered arrangements to maintain confidentiality of information and the ethical and Intellectual Property Rights issues arising between all parties? These will have to be discussed and agreed with the non-HEI partner before the student registers onto the programme.

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How will you ensure that the student is made aware of any confidentiality or ethical and Intellectual Property issues and who will be responsible for agreeing procedures?

**5. Non-HEI Partner Organisation**

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| Organisation Name |       |
| Organisational Contact Name and details of prior experience (if any) of involvement with CDAs. |       |
| Details (if any) of previous academic project(s) carried out previously with this organisation. |       |

**6. Non-HEI Partner Organisation Involvement (750 words max)**

Please give full details below of the proposed interaction with the collaborative partner, including the frequency of contact.

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Please note that a contract must be signed before the student registers on the programme. Please contact the NWCDTP for guidance, NWCDTP@manchester.ac.uk

**7. Non-HEI Partner Financial Contribution (if applicable)**

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| Total financial contribution (if any) |       |
| Total contribution in kind |       |

**8. Description of Financial Contribution** **(750 words max)**

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**9. Supervision Arrangements**

**First Academic Supervisor**

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| Name |       |
| Research Expertise |       |

**Second Academic Supervisor**

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| --- | --- |
| Name |       |
| Research Expertise |       |

**Non-HEI Partner Supervisor**

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| Name |       |
| Experience relevant to the collaborative project. |       |

**10. Supervision and Progression Plan**

Please give details of the supervision plan agreed between the academic supervisors and the CDA non-HEI supervisor, including details on how supervision duties will be shared.

Please include details of how the student would be supported if the main supervisor leaves, or is unable to continue, or the non-HEI partner organisation withdraws or is unable to continue.

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**11. Please give details of how the student’s training needs will be identified and monitored over the course of the CDA (750 words max).**

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**12. Recruitment and Selection Process**

Has a candidate already been identified who will take on the doctoral project if it is selected?

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If so, please provide brief details of the student’s involvement in the development of the project to date and their suitability to take on the project (750 words max)

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If there is not already a candidate in mind, please outline the planned selection process to recruit a student, should this application be successful (750 words max)

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**13. Letter of Support from the Non-HEI Partner Organisation**

Please confirm that the letter is attached as the application will not be considered without this.

Points that non-HEI Partners may wish to include:

* confirmation that they agree the project;
* the relevance of the project to their organisation;
* the nature of their involvement with the project.

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**14. Acknowledgement**

I confirm that the information I have provided in this form is complete and accurate to the best of my knowledge at this date. I fully understand that it is my responsibility to ensure that the relevant forms are submitted to the relevant office in due time and that any missing information may render this application incomplete and ineligible. I authorise the North West Consortium DTP to disclose to the AHRC any information that is relevant to this application.

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| **Signature:****(Type Name if submitted electronically)** |       |
| **Date:** |       |