Supervisor form. FORM 2

**MMed Post Graduate Supervisor Form**

**Date:** ………………………………….................................

**Name of Student:** ………………………………………..........................

**Department:** ………………………………………..........................

**Student Number:** ………………………………………..........................

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**Supervisor must mark all the relevant boxes below, before signing:**

1. Protocol contents and methodology acceptable to supervisor YES  NO 

2. Budget YES  NO 

3. Informed consent YES  NO 

4. The student has completed a TNM800 course YES  NO 

The student has completed another appropriate research methodology

course(s) YES  NO 

If “YES” specify ………………………………………………………………

5. Is this a Clinical trial? (Clinical trials will not be approved for MMed research
 as it is outside the scope) YES  NO 

6. Is the statistical advice incorporated into the protocol? YES  NO 

7. ***I, the supervisor have read, edited and approve this protocol submission*** YES  NO 

|  |  |  |
| --- | --- | --- |
| **Name of Supervisor****(if applicable – for students)** | **Signature** | **Date** |
|  |  |  |