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 if applicable 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 trail? (Clinical trails are not accepted for MMed research) 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** |
|  |  |  |