|  |
| --- |
| **ACF Year 1: Meeting with Advisor****October** |



| **ACF Name** |  | **Specialty**  |  |
| --- | --- | --- | --- |
| **Advisor** |  | **Date of meeting** |  |

| **Research Training Programme (RTP)** |
| --- |
| Is the ACF registered for MRes? Y/N **(*If N, prior higher degree? -*** **)**If not, what are the first year plans for broader academic skills training: (to be assessed at ARCP) (see competency matrix for self assessment and planning: PLEASE USE THIS TO MAP YOUR SELF AND UPLOAD WITH THIS FORM)*Think about an independent mentor also*

| **Generic Academic Competencies** (In advance of this meeting the ACF should map against the curriculum using the document in the handbook, and summarise within the PDP.Please bring these to the meeting and upload to your Deanery library for ARCP |
| --- |

Comments and plans for year 1: |
| **Research** |
| Title of research project: general area if not yet defined |
| Aims and learning outcomes of project- focus on development towards fellowship rather than the specifics of the science: *the project work should be designed to lead to a successful PhD Fellowship application. Discuss how this will be achieved. Where will you apply, when will the deadline be? Have you engaged with Faculty Fellowship Academy? Are there broader opportunities to explore within the University, including Life Sciences?*  |
| When do you intend to take your research block?From: \_\_/\_\_/\_\_ To: \_\_/\_\_/\_\_ ☐ Not applicable (will defer until next year) |

**Declaration by ACF**

I have read and agree with the requirements of Edge Hill University with respect to MRes Degrees and have discussed this with my Project Supervisor and Advisor. I have read the relevant Safety Codes and have been advised of any particular hazards and precautions associated with my programme of work.

.................................................................................................................………………………………………………

*Print name of ACF Signature of ACF Date*

**Declaration by Supervisor /APL**

I have met with the above named student, discussed with him/her the roles of a supervisor. The ACF is familiar with the requirements of the School of Medicine Safety Code.

.................................................................................................................………………………………………………

*Print name of supervisor Signature of advisor Date*

**UPON COMPLETION PLEASE SUBMIT A COPY TO:**

**DEANERY e-PORTFOLIO AND** **ICATO@edgehill.ac.uk**