

**Principal Supervisor Agreement Form**

The Clinical School Higher Degree Committee requires the Department of Oncology to provide the following information before they will permit you to supervise a Postgraduate Student:

**A:** Applicant’s details

**B:** Information about applicant’s proposed research project

**C:** Evidence of your eligibility to supervise a Postgraduate Students and your signed agreement to take on the responsibilities expected of a Principal Supervisor.

Please complete **ALL** sections of this form and return to the departmental Postgraduate Administration Team: [postgradadmin@oncology.cam.ac.uk](mailto:postgradadmin@oncology.cam.ac.uk)

**Section A: Applicant’s Details**

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| --- | --- |
| **Personal details** | |
| Name: |  |
| Degree course: |  |
| USN: |  |
| Application number: |  |
| Proposed start date: |  |
| Proposed end date: |  |
| **Location** |  |
| Please provide the work address(es) where the Applicant will be based during their studies: | |
| **Funding** | |
| Will the applicant be self-funded: **Yes/No** (*delete as appropriate*)   * If you answered **Yes** to the above question, please provide details if possible: | |
| Has the applicant secured a Studentship/Fellowship: **Yes/No** (*delete as appropriate*)   * If you answered **Yes** to the above question, please provide details if possible:   + Name of Scholarship/Fellowship prog:   + Name of awarding body:   + Duration of award:   + Amount provided/year (GBP): | |

**Section B: Project Information**

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| **Information required for departmental acceptance of application in CamSIS**  **Please complete all sections** | |
| Project title: |  |
| Ethical clearance: | Is ethical clearance required: **Yes/No** (*delete as appropriate*)   * If you answer **Yes,** is ethical clearance already in place: **Yes/No** (*delete as appropriate*) * If you answer **No**: * Date applied/intend to apply for ethical clearance: * Date anticipate ethical clearance will be in place: |
| Staff fees | Will the Student be eligible for staff fees rates, i.e., will they have a contract of employment with the University of Cambridge whilst studying:  **Yes/No** (*delete as appropriate*) |
| Intellectual Property | Will the student be working in a group where shared intellectual property arrangements apply:  **Yes/No** (*delete as appropriate*) |
| DBS check: | To determine whether the student will require Disclosure and Barring Service DBS check, please complete and return this form: |
| Research Passport/Letter of Access: | Will the student require a research Passport or Letter of Access:  **Yes/No** (*delete as appropriate)*  *Note: University of Cambridge Students need a research passport if they intend to carry out research in the NHS which will:*   * *have a direct impact on patient care, e.g. providing prevention, diagnosis or treatment of illness;* * *require access to NHS patient data;* * *require indirect contact with patients/service users whose research has a direct bearing on the quality of their care, e.g., some types of telephone interviews;* * *require access “with consent” to identifiable patient data, tissues or organs with likely direct bearing on the quality of their care (with likely impact on prevention, diagnosis or treatment); require access to NHS premises.* |

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**Section C: Principal Supervisor’s Eligibility & Agreement of Supervisory Responsibility**

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| **Principal Supervisor’s details** | |
| Name: |  |
| Email: |  |
| Job title: |  |
| **Principal Supervisor registration** | |
| Principal Supervisor Registration: | Are you a CamSIS registered Postgraduate Student Supervisor:  **Yes/No** (*delete as appropriate)*   * If you answer **Yes**: * Provide 9 digit CamSIS USN: * Date attended University’s Supervising Postgraduate Research Student (STEMM) training course: * If you answer **No**: * Please complete the [New Supervisor Form](https://universityofcambridgecloud.sharepoint.com/:w:/r/sites/CLINMED_SchoolofClinicalMedicineGraduateAdministration/_layouts/15/Doc.aspx?sourcedoc=%7B08AD1E65-F325-4FFB-99D9-D1055A80ED2E%7D&file=new_postgraduate_supervisor_form_october_2021.docx&wdLOR=c33A33253-19DB-4C5D-9D96-A5DF36E4C349&action=default&mobileredirect=true) and return to [postgradadmin@oncology.cam.ac.uk](mailto:postgradadmin@oncology.cam.ac.uk) * Book a place on the [University’s Supervising Postgraduate Research Student (STEMM) training course](https://www.training.cam.ac.uk/cctl/course/cctl-supgradstemm-online) – inform Postgraduate Admin Team of date you attend.   Note: Further information on Supervising Postgraduate Students can be found at: <https://www.vle.cam.ac.uk/course/view.php?id=144331> |
| **Principal Supervisor contract of employment** | |
| University of Cambridge contract of employment: | Do you have a contract of employment with the University of Cambridge or with a University of Cambridge Partner Institute (UPI)?  **Yes/No** (*delete as appropriate)*   * If you answer **Yes** – provide Department name: |
| University of Cambridge Partner Institute (UPI) contract: | Do you have a contract of employment with a University of Cambridge Partner Institute (UPI)? **Yes/No** (*delete as appropriate)*   * If you answer **Yes** – provide UPI name: |
| Is your contact of employment with the University of Cambridge or UPI due to end (either because it is fixed term or because you are due to retire) within 4 years (but not less than 3 years) following the admission of the student you are proposing to supervise?  **Yes/No** (*delete as appropriate)*  If you answered **yes** to the above question, please answer the following questions:   |  |  | | --- | --- | | Has the risk surrounding the tenure of the Principal Supervisor been communicated to the applicant? And are they in agreement? (Applicants **must** be made fully aware at the time an offer is made.) | **Yes/No** | | Has the Department considered and exhausted all other possible appropriate alternative Principal Supervisor nominees? | **Yes/No** | | Is the Department prepared to continue to support the student into the 4th year of study, including underwriting any additional costs? | **Yes/No** |   You will also need to nominate a Cambridge Supervisor who has sufficient tenure to cover the entire period of the degree and is available to take on supervision at the time your contract of employment ends. Please note, you and the student will be asked to work together to nominate a Student Supervisory Team soon after they commence their studies student. | |
| **Principal Supervisor’s Postgraduate and Feedback Reporting System Record** | |
| Please indicate whether you submitted your Supervisor’s Postgraduate Feedback Reports to CamSIS for **all** your current students for the last 3 (applicable) terms:  **Yes/No** (*delete as appropriate)* | |
| If you have not submitted a Report in at least the last two (applicable) terms, please provide a justification: | |
| **Principal Supervisor’s Current Supervision Load**  The Student Registry caps supervision load at a total of 8 Postgraduate Students per Supervisor | |
| a. How many students will you be acting as Principal Supervisor for at the time of admission of the applicant? | |
| b. How many students will you be acting as Adviser for at the time of admission of the applicant? | |
| c. How many students will you be acting as Co (or ‘Other’)-Supervisor for at the time of admission of the applicant? | |
| d. How many other applicants have you made an offer of admission to (ie. not accounted for above)? | |
| If the answers from (a) to (d) totals more than 8, the Department will need to make a case to the Degree Committee to request an increase above the cap.  Please provide your justification for an increase above 8 students: | |
| **Principal Supervisor’s Headcount Space** | |
| Do you have sufficient space and headcount to accommodate the Applicant?  **Yes/No** (*delete as appropriate)* | |
| **Principal Supervisor’s Signed Agreement of Responsibility** | |
| I hereby agree that I will undertake the responsibility of Principal Supervisor for this Applicant: | |
| Name: | |
| Signature: | |
| Date: | |