SSRA INITIAL MEETING FORM

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| **This form must be completed for Credit Bearing and Non-Credit Bearing students and needs to be included within the PDF submission of each Research Report** | | | | |
| **Record From Initial Meeting** | | | | |
| **Student Name:** | |  | | |
| **Student Number:** | |  | | |
| **Date of First Meeting:** | |  | | |
| **Stage/Programme:** | |  | | |
| **Research Aims and Objectives**  (To be completed **by the student** following discussion with the principal Supervisor/Co-Supervisor **PRIOR TO** commencement of the Research Elective) | | | | |
| **Title of Project:** | |  | | |
| **Objectives of Research Project (MUST BE TYPED)** | | | | |
|  | | | | |
| **Declaration by Student** | | | | |
| I have met with my **SUPERVISOR** (Name: ) and/or **CO-SUPERVISOR** (Name: ) **AND** discussed my **OVERALL** research objectives and expectations for the forthcoming 8 week research elective. | | | | |
| **Signature of Student:** |  | | | |
| **Date:** |  | | | |
| **Declaration by Supervisor and Co-Supervisor and/or PACE-R Supervisor** | | | | |
| We have met with the above named student, discussed their research objectives and made clear the required expectations from them for the forthcoming 8 week Research Elective.  If applicable the student has also been furnished with the appropriate **Ethics documentation** for their study. We understand that this forms part of their Research Assessment. | | | | |
| **Supervisor Name:** |  | | **Supervisor Signature:** |  |
| **Co-Supervisor Name:** |  | | **Co-Supervisor Signature:** |  |