**Middlesex University**

**Research Degree**

|  |  |  |
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| **Review Stage 1** |  | **Student Number:** |

Review Stage 1

Review Stage 2

VIVA

**For the degree of:**

**Submitted by (Faculty):**

You will need to submit a number of documents for this panel. Please refer to the links below for the various forms required and guidance. Please log into [myUniHub](https://myunihub.mdx.ac.uk/) prior to clicking on links below so that you can gain direct access to the relevant resources:

* [myUniHub](https://myunihub.mdx.ac.uk/)
* [myLearning – Research Area](https://mdx.mrooms.net/course/view.php?id=28655)
* [MORE (Middlesex Online Research Ethics)](https://mdx.mrooms.net/course/view.php?id=12277)
* [Ethical Approval Guidance (MORE)](http://unihub.mdx.ac.uk/your-study/research-at-middlesex/research-ethics)
* [Review Stage 1 Guidance and Form (RS1)](https://mdx.mrooms.net/course/view.php?id=28655&section=3)
* [Researcher Development and Training Guidance/Information (RDT)](https://mdx.mrooms.net/course/view.php?id=28655&section=6)
* [Turnitin](https://mdx.mrooms.net/course/view.php?id=28655&section=17)

**Please provide the following to** [researchdegrees@mdx.ac.uk](mailto:researchdegrees@mdx.ac.uk) **at least one week before the review panel:**

1. Completed and signed **Review Stage 1 Form** (accessed from myLearning Research Area)
2. Preliminary/ Agreed **ethical approval** application (via MORE)
3. Completed and signed **health and safety risk assessment** (via MORE)
4. Data protection checklist (via MORE – where applicable)
5. **Special equipment and facilities plan** *(Lab or studio-based projects are likely to require an extended plan approved by supervisors/technical managers)*
6. **Researcher Development Plan** (via RDT and RS1)
7. **Turn it in report** *(if applicable, please discuss with supervisory team)*
8. **Abstract**
9. The **Review Stage 1 Report**
   * Will normally take the form of a written document but may also be based on other media (e.g. video, demonstration, etc.), subject to the agreement of the Director of Studies
   * Details of the methods to be employed and any preliminary finding should be clearly presented together with a clear plan and schedule for the proposed study.
   * A 500-word abstract
10. Include sample audio/visual material *(if applicable)*

***For further information please refer to the Review Stage 1 section of The Postgraduate Research Degrees Programme Handbook (also accessed from myLearning - Research Area).***

**Postgraduate researcher to complete Section 1 and 2**

1. **Postgraduate researcher details**

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Start date |  |

**2 Researcher Development**

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| --- | --- |
| **Researcher development -** *See the* [*UniHub for guidance notes*](https://unihub.mdx.ac.uk/study/types/research-at-middlesex/events-and-training) | |
| 1. Have you attached your Researcher Development Plan? | Y /N |
| 1. Confirm you have undertaken/addressed the required elements: | Ethics  GDPR  Integrity  Wellbeing |
| 1. Please detail your participation in any other researcher development activities/lectures/workshops since your start date | Activity / Date(s) / Duration |
| 1. Reflect on your researcher development plan and activities to date (max. 500 words) |  |
| **Title of the Research** |  |
| Provide details of any special training, equipment or facilities required | *e.g. specialist training/inductions, access to software/databases/equipment, use of specialist spaces/laboratories, technical staff/other expert support.*  *For research with significant specialist requirements you are advised to attach a full* ***technical plan*** *and timeline as an appendix. This may require prior approval in your area.* |
| Have your specialist requirements / technical plan been agreed with Supervisors,  Head of Department and/or Technical Manager (as appropriate): | Yes / Pending / Not Applicable |

|  |  |
| --- | --- |
| I confirm that the information in this form is correct and have attached the above. | |
| Signed (Postgraduate researcher) | Date |

**Director of Study/Supervisor to complete Section 3, 4 and 5**

1. **Supervision of Programme of Work**

|  |  |  |
| --- | --- | --- |
| **3.1** Director of Studies |  | |
| **3.2** Supervisor(s) | Supervisor 2 | Supervisor 3 |
| **3.3** Details of any other person(s) external to Middlesex University who will act in an advisory capacity |  |  |

**4 Recommendation by the Supervisors**

|  |  |
| --- | --- |
| We support this application and believe that has the potential to complete successfully the programme of work p**r**oposed, is engaging appropriately with researcher development, has an effective Researcher Development Plan and is currently on track to complete the degree of at Middlesex University. | |
| Signed (DoS) | Date |
| Signed (Supervisor) | Date |
| Signed (Supervisor) | Date |

**5 The Panel**

|  |  |
| --- | --- |
| Chair |  |
| Independent Reviewer(s) |  |
| Date of panel |  |

**Panellists Use only**

**Sections 6a & 6b to be completed by the reviewer**

**Section 7 and 8 to be completed as part of the Panel meeting by the Chair.**

**\*NOTE: If result is a *Conditional Pass* the Research Degrees Administration Team will liaise with the Reviewer to complete section 9 via this form or via email confirmation.**

**6a. Independent Reviewer to complete prior to the Panel**

|  |  |
| --- | --- |
| Is the specialist equipment and facilities plan suitable for the research project proposed? | Yes / No / To be determined |
| Have all required researcher development elements been addressed? | Yes / No / To be determined |
| Is the Researcher Development Plan suitable? | Yes / No / To be determined |
| Is the Reflective Account on Researcher Development suitable? | Yes / No / To be determined |

**6b. Assessment of the Review Stage 1 report / proposed research (c. 300-500 words)**

|  |
| --- |
| Please comment on how effectively the methodology meets the aims and objectives of the research |
| Please comment on the scope, intended contribution and potential impact of the research |
| Please comment on the practice-oriented knowledge and/or theoretical bases of the research |
| Please comment on any ethical concerns arising from the research |
| Please make any further comments |

**7. Chair to complete**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Confirmation of the status of the postgraduate researcher’s research ethics and risk assessment applications.  Please select the option which best describes the status of the postgraduate researcher’s applications:  **All postgraduate researchers must apply for ethical approval.** It is expected for them to have received, as a minimum, preliminary approval by this stage. *\*Letter(s) from the relevant Research Ethics Committee confirming ethical approval, and/or preliminary approval or listing amendments must be submitted with this form.* | | | | |
| **Research ethics:** | Approved\* | Under consideration/ preliminary approval \* | To be submitted ID Number: | |
| **Risk assessments:** | Approved | Under consideration | To be submitted | |
| **Data protection Checklist:** | Approved | Under consideration | To be submitted | |
| Signed (Chair) | | | | Date |

**8. Outcome of Review Stage 1 Panel - To be completed by the Chair**

|  |  |
| --- | --- |
| **Pass**    **Conditional Pass – subject to revisions Date revisions required –**    **Revisions and further panel required Date revisions required –** | |
| **8.1** Considering all documentation, required elements and ethics please specify required revisions, recommendations or reason for failure - *this section will be sent to the student exactly as written* | |
| **8.2.** If student is successful please complete the below: | |
| Signed (Chair)  Signed (Reviewer) | Date |

**9 Final outcome – To be completed if revisions are required**

|  |  |
| --- | --- |
| **Pass – revisions approved**  **Fail – revisions not met** | |
| Signed or approval confirmed via email from reviewer(s) | Date |