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**FORM R1 Retrospective Practice (Mandatory Submission 5)**

**Application to register for a Research Degree (R1RP)**

*Refer to the published* [*Guidance notes*](https://www.bolton.ac.uk/join-us/research-programmes/research-policies-and-documents/research-documents/) *when completing this form.*

**Section 1: Applicant**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family Name: |  | First name: | | |  | | |
|  |
| Title: |  |
|  |
| Student Number: |  | | | |
|  |
| Date of Submission: |  |
|  |
| Enrolment Date: |  | School/Centre: | | | | |  |
|  |  | | | | | | |
| Mode Of Study: | Full time / Part time | | *delete one as appropriate* | | | | |
|  |  | | | | | | |
| Present post and place of work: |  | | | | | | |
|  |  | | | | | | |
| Academic Qualifications: | *Qualifications gained (include place(s) of higher education, courses completed, main subjects, classification of award, date and name of awarding body)* | | | | | | |
|  |  | | | | | | |
| Training and experience: | *Include details of activities (with dates) relevant to this application, and of any research or other relevant papers, books, etc. which have been published* | | | | | | |
|  |  | | | | | | |
| Professional Qualifications: |  | | | | | | |
|  |
| Specify the Source(s) of any External/University Funding for Student Bursary and/or Fees: | *Name the Research Council, Industrial or other Sponsor* | | | | | | |
|  |  | | |  | |  | |
|  |  | | | | | *Completion period (months) see* [*PGR Regulations*](https://www.bolton.ac.uk/wp-content/uploads/2019/09/PGR_Regulations_2019.pdf) *para.4.1* | |
| Research Degree | Doctor of Philosophy (PhD) Practice (Retrospective) | | | | |  | |

**2. Programme of Research**

|  |  |
| --- | --- |
| Title of the proposed project:  *(to appear on the certificate unless later modified via an R9)* | |
|  | |
| Applicant’s work already completed in practice that forms the basis of this submission: | |
|  |  |
| Aim(s) and objectives of the research as encompassed by the practice:  *(a bullet point list is preferred)* | |
|  |  |
| Give an account of the development of the research in your practice. Include its relationship to previous work, with references, and its intended outcomes:  *(It* ***MUST*** *not be longer than* ***1500*** *words excluding references. The word count* ***MUST*** *be indicated.)* | |
|  |  |
| State clearly and succinctly the original contribution to knowledge to be made by this research *(refer to* [*PGR Regulations*](https://www.bolton.ac.uk/wp-content/uploads/2019/09/PGR_Regulations_2019.pdf) *para. 1.4)* | |
|  |
| Resources  *details of facilities and resources e.g. hardware, software, methods and tools available, including location if not at University of Bolton* | |
|  |  |
| Name of Collaborating Establishment*(if applicable)*  *Relationship between work to be undertaken in the collaborating establishment and that to be undertaken at the University or elsewhere* (*refer to* [*PGR Regulations*](https://www.bolton.ac.uk/wp-content/uploads/2019/09/PGR_Regulations_2019.pdf) *para. 1.5*) | |
|  |  |

**3. Related Studies**

3.1 Details of any programme of related studies to be undertaken *(see Regulations 3.1(ii) and (iii))* including any mandatory work-placement or practicum and the PGR Student Skills Development Programme.

**5. Statement by the Applicant**

I wish to apply for registration on the basis of the proposal given in this application.

I confirm that the information given above is correct.

If the practice forming the basis of this proposal was based on research involving human participants, tissues, data or material, then that research did, where necessary, receive ethical clearance from the relevant authorities at the time.

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I understand that I must prepare and defend my thesis in English.

Signed: Date:

**Applicant:** please email the complete from to your Director of Studies (DoS)

***The following sections are completed by the School/Centre***

**Section 6**

**6. Supervision** *(see Regulation 5)*

*Any changes after this submission* ***MUST*** *be notified on form R4 to RGS*

6.1 Director of Studies (First supervisor)

Name: External/Internal

Qualifications:

Current Post:

Place of work:

Experience of supervision of registered research degree candidates:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Masters by Research MPhil | Doctorates PhD |  |
| *Currently supervising* |  |  | *UK candidates* |
| *Previously supervised to successful completion* |  |  | *UK candidates* |

6.2 Second Supervisor(s)

1. Name: External/Internal

Qualifications:

Current Post:

Place of work:

Experience of supervision of registered research degree candidates:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Masters by Research MPhil | DoctoratesPhD |  |
| *Currently supervising* |  |  | *UK candidates* |
| *Previously supervised to successful completion* |  |  | *UK candidates* |

1. Name: External/Internal

Qualifications:

Current Post:

Place of work:

Experience of supervision of registered research degree candidates:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Masters by ResearchMPhil | DoctoratesPhD |  |
| *Currently supervising* |  |  | *UK candidates* |
| *Previously supervised to successful completion* |  |  | *UK candidates* |

6.3 Details of any other person(s) who will act in an advisory capacity *(name, qualifications, post held and place of employment):*

**7. Recommendation by the Supervisors**

We support this application and believe that the candidate has the potential to complete successfully the programme of work proposed.

We recommend that this applicant be registered as a candidate for the research degree indicated on the first page.

Signed (DoS): Date:

Name (printed):

*Please now forward the complete document with all attachments to the Research Coordinator.*

**8. Confirmation of support by local organisational unit**

It is the responsibility of the Research Coordinator to ensure that all registration proposals are considered by them and that any external approval is secured (where appropriate) before scrutiny on behalf of the Board of Studies for Research Degrees and submission to the Secretary of the Board. In particular, the Research Coordinator must satisfy themselves that:

1. There are appropriate facilities in place and adequate funding to support the proposed research project for its duration;
2. The proposed arrangements for supervision, research training etc. are commensurate with University Regulations and Procedures;
3. The CVs for the supervisory team are attached where these are new supervisors (that is, supervisors who have not been approved previously by BoSRD);
4. The proposed programme of work is of an appropriate standard for the award for which it is submitted and is in accordance with local Research Plans;

Signed (School Research Coordinator):

Name (printed):

Date:

**Research Coordinator:** please forward this form and any attachments to [Research-Assessment@Bolton.ac.uk](mailto:Research-Assessment@Bolton.ac.uk)

**Note:** This section is **NOT** for student use

**Feedback from nominated BoSRD academic member**

*Refer to the published* [*Guidance notes*](https://www.bolton.ac.uk/wp-content/uploads/2018/03/Guidance-Procedures-Forms-R1-rev-Jun-2017.docx) *when completing this section*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Criterion**  *(from the Guidance Notes for R1 Applications)* | **Yes/No** | **Specific Feedback**  *(****MUST*** *be completed if ‘No’ is indicated)* |
| 1. | Is the title accurate? |  |  |
| 2. | Are the aims of the proposed work clear? |  |  |
| 3. | Does the literature review indicate familiarity with current literature? |  |  |
| 4. | Are the research methods and proposed work appropriate and clearly described? |  |  |
| 5. | Is the plan of work clear and does it reflect the aims? |  |  |
| 6. | Is the research practically feasible within the proposed timescale? |  |  |
| 7. | (For PhD) Is there a clear indication of the anticipated original contribution to knowledge? |  |  |
| 8. | Is the expertise and experience of supervisors appropriate? |  |  |
| **General Feedback** (*to aid the student and supervisors*): | | | |

Signed (Reviewer):

Name (printed):

School:

Date:

*Please now email this form to* [Research-Assessment@Bolton.ac.uk](mailto:Research-Assessment@Bolton.ac.uk)