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| **Level 6****Independent Study** |  |  **INDEPENDENT STUDY** **PROPOSAL FORM** |

**Please complete this form and return it to Registry, via *firstpoint*, *unless instructed otherwise by your department.***

**Please ensure you complete all Sections of this form.**

**Once a supervisor is allocated, you will need to complete the Application for Ethical Approval (Student) form with your supervisor.**

[**http://www.worcester.ac.uk/researchworcester/documents/Application\_for\_Ethical\_Approval\_Student\_Jan\_2017.docx**](http://www.worcester.ac.uk/researchworcester/documents/Application_for_Ethical_Approval_Student_Jan_2017.docx)

**Please do NOT use pencil to complete these forms.**

**Section 1: STUDENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (in full)~Print clearly~ |    | Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you full time or part time?: |  | Will you complete your Study in one semester,or over two semesters? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact telephone numberand e-mail address: |  | Expected date of submission of your Study: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pathway (circle one): | Single Honours | Major/Minor | Joint | Triple | Combined Studies |

Subject in which you intend to take your Independent Study Modules i.e. EDST, IWCF, JOUR etc:

|  |  |  |  |
| --- | --- | --- | --- |
| Subject 1: |  | Subject 2 (if applicable): |  |

**Section 2: DETAILS OF PROPOSAL**

|  |  |
| --- | --- |
| **PROVISIONAL TITLE:** |  |
|  |  |

|  |  |
| --- | --- |
| **AIMS OF STUDY:** |  |
|  |
|  |
|  |
| **outline of topic: (Max.: 200 words)** |  |
|  |
|  |
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**Section 3: INITIAL SUPPORT FOR CONSIDERATION OF PROPOSAL**

**No proposal will be accepted unless supported by a tutor with whom you have discussed it. If your topic/Study spans two Subjects, support is required from a tutor in both Subjects. Tutors should sign the box provided to indicate their support.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Tutor 1: | Name: |  | Subject: |  | Signed: |  |
| Tutor 2: | Name: |  | Subject: |  | Signed: |  |

Date:

**Section 4: ADDITIONAL INFORMATION**

If you believe your topic/Study will present ethical or health and safety issues, or requires specialist resources, you should indicate this in the appropriate box below, providing any additional information on a separate sheet. When your Proposal has been agreed, you must discuss these issues with your supervisor and agree plans to address them.

**Approval of your Proposal is conditional on the preparation of satisfactory plans to address any issues identified and does not constitute a commitment on the part of the University to ensure a resolution of such issues or to provide resources. You may have to modify your Study if appropriate arrangements cannot, in the event, be made.**

|  |  |  |  |
| --- | --- | --- | --- |
| Student to complete: |  | Tutor to complete: |  |
| Will your Study require specialist resources not normally available in University? |  | Is information on the resources and how to obtain them available? |  |
| Will your Study require external assistance? |  | Is there an agreed plan to obtain assistance? |  |
| Is specialist training required? |  | Is there an agreed plan to obtain training? |  |
| Is ethical approval required? [Please complete Application for Ethical Approval (Student) form] |  | Is there an agreed plan to obtain approval? |  |
| Is insurance required? |  | Is there an agreed plan to obtain insurance? |  |
| Is DBS (CRB) required? |  | Are forms in preparation? |  |
| Is a Risk Assessment required? |  | Is an assessment in preparation? |  |
| Is COSHH assessment required? |  | Are forms in preparation? |  |

**Section 5: APPROVAL OF PROPOSAL**

|  |
| --- |
| **For use of independent study co-ordinator only:** |

**Approval of topic** – Independent Study Co-ordinator(s) to sign below:

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Subject |  | 2nd Subject(if appropriate) |  |

**Allocation of Supervisor – Independent Study co-ordinator to complete:**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor 1 |  | Supervisor 2 (if appropriate) |  |

|  |  |
| --- | --- |
| Date of approval/allocation |  |

**Section 6: REGISTRATION OF MODULES**

|  |
| --- |
| **For Official Use only: INDEPENDENT STUDY CO-ORDINATOR(S) to complete** |

Note on coding of Independent Study modules. For:

 studies placed in a single Subject - use the normal 4 letter code for the Subject in question, e.g. EDST.

 studies placed in two Subjects - use the code: JOIN

 studies which are to be completed in a single semester - use the code: 3001.

 studies which are to be completed across two semesters - use the code: 3002.

 I/Study to be registered in the semester in which it ***starts*.**

|  |  |  |
| --- | --- | --- |
| Registration details(I/Study Co-ordinator to complete) | Register this student for the following modules |  |
|  | Starting in  | Semester /20 |
|  |  |  |

Revised August 2015