**Pre-doctoral Clinical Research Excellence Fellowship (pCREF)**

**Supervisor statement and approval Form**

Fellowship applicants are required to **upload a signed copy of this form as part of their application**. You will be prompted to upload it in the relevant section of the online application form [<https://qualtrics.kcl.ac.uk/jfe/form/SV_9YKSweTImdi0Djw>]. The deadline for submission to the scheme is 17:00 GMT **Monday 22 April 2024**.

**Candidate name:**

**First supervisor’s name:**

**Supervisor support statement**

*First supervisor should outline*

* *Describe your suitability to supervise this project (2-3 sentences max).*
* *Please describe how the fellow will be embedded into a supportive academic environment/department, in order to support their current and future success as a clinical academic (2-3 sentences max).*
* *Any other members of the supervisory team, and what they specifically bring to the proposal (2-3 sentences)*

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**Approval form**

**SIGNATURES**

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| **a) Principal Applicant (fellowship candidate)**  I declare that the information provided is true and accurate. If the application is successful, I agree to accept responsibility for my research programme and will abide by the Terms & Conditions of Funding. I confirm that all co-investigators and partners listed have agreed to be part of this proposal. | | |  |
| Name | Signature | Date | |
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|  | | |  |
| **b) Principal Supervisor and Co-supervisor**  We confirm that we have read this application and that, if an award is made, the School/Directorate/Care group is supportive of the fellow and the programme of work. We agree to take on full supervisor responsibilities according to HEI/local guidelines. (Note: for successful applications, additional approvals may be required in KCL Worktribe or Trust equivalent from the lead department and the departments). | | | |
|  | | | |
| Name and role *(e.g Principal supervisor, second supervisor)* | Signature | Date | Employer |
| Name and role | Signature | Date | Employer |
|  | | |  |

**c) Academic head of department**

I confirm that, should the application be successful, the fellow can be hosted in the department and supported with their research.

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| Name | Department | Signature | Date |

**d) NHS approval**

Where applicants are or will be employed by KHP NHS Trusts, confirmation of support by the clinical director responsible for the applicant’s job plan should also be sought, confirming the Trust supports the applicant to take the protected research time out of clinical work.

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| Statement of support  *Please confirm support for the role and provide assurance that necessary adjustments to working pattern for the post holder can be made, confirming the protected time/return to clinic as needed, plus any other information you feel relevant.* | | |
| Name | Signature | Date |
| NHS Trust employer name | | |