UoB logo

Recommendation for Award of the Title of Recognised Supervisor

Please complete the first half of this form and section A. Section B of the Approval Process at the end of this document will need to be completed by your organisation and then returned to Collaborative Provision in respect of all recommendations for the award of the title of Recognised Supervisor.

*Note:* The size of the boxes on the Recommendation Form does not denote the length of the responses, merely the length of the headings and/or questions.

Please be aware that the information that you share will be processed by the Collaborative Provision Team, within Registry. Your data is being collected in order to maintain accurate and up-to-date employment/engagement records and contact details. To find out how we will use any personal data you share with us, please read our [privacy statements](https://www.birmingham.ac.uk/privacy/staff.aspx).

|  |  |
| --- | --- |
| Collaborative Organisation |  |
| Programme |  |

|  |  |
| --- | --- |
| Surname |  |
| Forenames |  |
| Title | Dr/Mr/Mrs/Miss/Ms/Other: *please indicate* |
| University of Birmingham Staff ID Number (if appropriate) |  |
| Email Address |  |

|  |  |
| --- | --- |
| Present Appointment and Employer |  |
| Date of Appointment |  |

|  |  |  |
| --- | --- | --- |
| Previous Posts (Please list in chronological order, starting with the most recent.) | | |
| Name of Employer | Position | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Degrees, Diplomas, Certificates, specifying teaching qualification, where appropriate | | | |
| Qualification and Subject | Awarding Body | Date of Award | *Classification, if appropriate* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Membership of Professional Bodies (If none, write “None”) |  |

|  |  |  |
| --- | --- | --- |
| Research Supervisor Training  (Please list in chronological order, starting with the most recent.)  (**If none, write “None”**.) | | |
| Activity | Where undertaken | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Number of postgraduate researchers supervised to date, and outcome of the examination of the thesis |
|  |

|  |  |  |
| --- | --- | --- |
| Internal/External Examiner/Viva Chair for Research Degree Theses  (Please list in chronological order, starting with the most recent.)  (**If none, write “None”.**) | | |
| Internal/External Examiner/Viva Chair | Where undertaken | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Publications (Please use a separate sheet if necessary. **If none, write “None”.**) |
|  |

|  |
| --- |
| Current and Previous Research  (Please use a separate sheet if necessary. **If none, write “None”**.)  *Please indicate whether the work was part of a submission for a degree or whether it has been published and if so, by whom and the date of publication.* |
|  |

|  |  |  |
| --- | --- | --- |
| Industrial Experience/ Professional Practice/ Consultancy  (Please list in chronological order, starting with the most recent.) (**If none, write “None”**.) | | |
| Activity | Where undertaken | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Quality Assurance and Enhancement Experience  (Please list in chronological order, starting with the most recent.) (**If none, write “None”.**) | | |
| Quality Assurance and Enhancement Experience | Where undertaken | Dates |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Details of Proposed Supervision Duties | | |
| Postgraduate Researcher(s) ID Number | Postgraduate Researcher(s) Name | Proposed Area of Research |
|  |  |  |
|  |  |  |
|  |  |  |
| *Please indicate how your expertise matches that of the postgraduate researcher(s) proposed area of research* ***(Required)*** | | |
|  | | |

# Section A

|  |  |
| --- | --- |
| I confirm that the University of Birmingham may hold this information and share any relevant information as necessary for the fulfilment and implementation of the agreement between the University of Birmingham and [*Insert organisation name*] dated *[insert date*] or any subsequent extension thereof. | |
| Signed | Date |

# Section B

|  |
| --- |
| Approved and signed on behalf of the Collaborative Organisation: |
| Name (Block Capitals):  Signature:  Date: |

**Please return this form to: Collaborative Provision, Registry, University of Birmingham, Edgbaston, Birmingham, B15 2TT**

# Section C

|  |  |  |
| --- | --- | --- |
| Approved and signed by the Collaborative Programmes Officer | | |
| Name (Block Capitals) | Signature | Date |
|  |  |  |

|  |
| --- |
| School to provide details of proposed/attendance at the Research Supervisor Training and procedures for support from the School |
|  |

# Section D

|  |
| --- |
| Approved and signed by the Head of the University School (or designated nominee) |
| Name (Block Capitals) :  Role:  Email address:  Signature:  Date: |

|  |
| --- |
| Approved and signed on behalf of the University by the University’s Research and Progress Awards Sub Panel |
| Name (Block Capitals):  Signature:  Date: |