

**LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE**

**STAFF MEMBER APPLICATION FOR RD SUPPLEMENTARY FORM**

* Please complete this form prior to submitting your online application form.
* Once completed, the form should be signed by the relevant signatories and uploaded as a supporting document when you submit your online application form for study.
* Please ensure that you have read the [Staff Access to Educational Programmes policy](https://www.lshtm.ac.uk/sites/default/files/Staff_fees_for_educational_programmes_policy.pdf).

**A: Personal Details**

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| --- | --- | --- | --- |
| Surname (Family name) |  | | |
| All other names |  | | |
| Faculty and Department |  | Proposed Start Date |  |

# B: Funding Plans

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| **How do you plan to fund your study, i.e. from a project, personal funds?** |

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| **What is the likelihood of further funding?** |

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| **What are your plans if there is no further funding, or you cease to be eligible for staff fees before you submit your thesis?** |

# C: LSHTM Employment

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| **Have you completed your LSHTM probationary period?** Yes / No  **If no, when are you due to complete it?** **dd/mm/yy** |

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| --- |
| **When does your current LSHTM employment contract end? dd/mm/yy**  **What is the likelihood of your contract being renewed? (*please describe any plans for future funding)***  *Note: If you cease to be a member of staff during your registration period you will no longer be eligible for staff fees.* |

**D: Signature of Applicant**

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| --- | --- |
| Signed: | Date |

**E: Signature of Line Manager**

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| --- | --- |
| I agree for the above named to be able to work on research FOR their planned doctoral degree for an average of 17.5 hours per week, or 0.5 Full Time Equivalent (or pro rata for part-time work) for the duration of study.  Name:  Signed: | Date |

**F: Signature of Proposed Supervisor**

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| --- | --- |
| Name:  Signed: | Date |

**G: Approved by Head of Doctoral College**

*(if contract end date <12 months after proposed registration date; <6 months if registering for a PhD by Prior Publication)*

|  |  |
| --- | --- |
| Signed: | Date |

**H: FOR REGISTRY USE**

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| --- | --- |
| Confirmation of eligibility for staff fees received | Date |
| SITS CAPS and STU fee status updated | Date |