# School of Health and Rehabilitation Sciences

# Confirmation of Candidature Milestone Checklist

***Please attach this checklist to the document you send to the members of your milestone committee.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commencement date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: MPhil  PhD

Full-time  Part-time

## Please list your advisory team, *including email addresses:*

Principal Advisor/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Advisor/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please list your Independent panel member. Please ensure your independent panel member receives a copy of the ***SHRS guidelines for independent panel members’*** document:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Has your advisory team and independent panel member seen your milestone document?

Yes/No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Has your Chair seen your milestone document?

Yes/No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## I have completed or am scheduled for a formal oral presentation at a School forum or national or international conference. Please specify, including the date of presentation/s:

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## I have obtained ethical clearance for my project in at least one faculty. Please provide details:

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I have completed the Research Integrity Module and passed with a score of at least 80%:

Yes/No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## I have published or submitted for publication the following publications since the beginning of my candidature: (please indicate whether the publication is published/in press/submitted and the date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## I have completed a risk assessment for my research project and my supervisor has approved it. Please advise the Standard Operating Procedures (SOP) ID number:

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## Please include the following components in this milestone document:

|  |  |
| --- | --- |
| Component | Page/s |
| 1. Literature review leading to a clear rationale and statement of the aims of the study |  |
| 1. Research plan |  |
| 1. Proposed thesis outline -indicate chapters that will be papers in a thesis by publication |  |
| 1. Timetable to completion |  |
| 1. Resources required for research project/s (skills and techniques, professional development, costs associated with equipment, etc) |  |
| 1. A detailed budget |  |
| 1. PPTs and feedback from my oral presentation if available |  |
| 1. Career aspirations and the support needed (e.g. teaching experience, grant writing skills, clinical experience, etc) |  |
| 1. A statement about the status of ethical clearance |  |

## In the table below, please summarise the progress of your thesis:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Thesis chapter | Study Title | Progress of data collection eg ethics obtained, complete, 50% complete, | Progress of data analysis eg X interviews analysed | Status |
| ***1*** | ***Introduction*** | ***Not applicable*** | ***Not Applicable*** | ***Draft is 50% complete*** |
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