**University of Edinburgh**

**Statement of Activity – for Research Passports**

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| **Student Name:** |  |
| **Student ID Number:** |  |

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| 1. **Project Details** | | | | | | | | |
| **1.1 Project Title/Working Title** | | | | | | | | |
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| **1.2 Principal Investigator/Lead Academic** | | | | | | | | |
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| Is the above named person your supervisor? | | | | YES |  | NO | |  |
| If ‘NO’, please provide the name of your supervisor: | | |  | | | | | |
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| **1.3 Status of NHS Ethical Approval** | | | | | | | | |
| Approved (Please insert approval number here): | | |  | | | | | |
|  | | | | | |
| Not yet submitted |  | In progress | | |  | |  | |
| If ‘in progress’, please give more detail here: | | | | | | | | |
| **1.4 Status of NHS Management/R&D Approval** | | | | | | | | |
| Approved (Please insert approval number here): | | |  | | | | | |
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| Not yet submitted |  | In progress | | |  | |  | |
| If ‘in progress’, please give more detail here: | | | | | | | | |

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| 1. **Location of Research** | |
| **2.1 Where will you undertake your research?** | |
| **NHS Facilities** (Name of hospital/department): |  |
| **Name of NHS Manager responsible for the hospital/department**: |  |
| **Patient(s) home(s)** Please provide brief details |  |
| **University Property** Please specify: |  |
| **Other** Please Specify | |

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| 1. **Research Activities and Supervision** | | |
| **3.1 Who else will be present when you undertake your research activities? Please tick box.** | | |
| **I will undertake the research activity alone.** | |  |
| **I will undertake the research activity only under supervision from one person.**  (Please include their name below) | |  |
| **There will be more than one other person present.**  (Please include their names below) | |  |
| **Name** | **Role in project** | |
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| **3.2 Will you be providing a clinical service to the patient(s)? Please refer to the guidance notes.** | | |
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| 1. **The nature of the research activities** |
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| 1. **Your target group** |
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| 1. **Participant consent** |
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