**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**
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| **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):  |  |
|  |
| Not yet submitted  |  |  In progress |  |  |
| If ‘in progress’, please give more detail here: |

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| 1. **Location of Research**
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| **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**
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| **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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