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| **Studentship Nomination Form*****Standard PhD Studentship Nominees:*** ***complete all sections except 5B.******Collaborative Doctoral Awards (Student-led) Studentship Nominees:*** ***complete all sections except 5A.*** |  |

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| part 1: to be completed by the nominee |
|  |
| **SECTION 1: NOMINEE DETAILS AND ELIGIBILITY** |
| Family Name: |       | First Name(s): |       |
| Preferred Name: |       |
| Permanent Address: |       |
| Correspondence Address*(if different)*: |       |
| E-mail Address: |       |
| Student No./ID*(if currently registered or previously registered at an NBC institution):* |       |
| Country of Birth: |       | Nationality: |       |
| Country of Normal Residence: |       |
| Are you currently resident in the UK or Northern Ireland? | YES [ ]   | NO [ ]  |
| If Yes, on what date did your residency in the UK or Northern Ireland begin? | mm/yy | **OR** Tick if you have been a UK/Northern Ireland Resident Since Birth [ ]   |
| ***In answering the questions below*** *please refer to “International eligibility for students starting in the 2021/22 academic year” and guidance document for definitions:* [*https://www.ukri.org/skills/funding-for-research-training/*](https://www.ukri.org/skills/funding-for-research-training/)*).**Eligibility is established at the start of the studentship award (1 October 2023) and does not change throughout the duration of the award.* |
| * You are a UK national (meeting residency requirements):
 | YES [ ]   | NO [ ]   |
| * You have settled status in the UK:
 | YES [ ]   | NO [ ]   |
| * You have pre-settled status (meeting residency requirements) in the UK:
 | YES [ ]   | NO [ ]   |
| * You have indefinite leave to remain or enter the UK:
 | YES [ ]   | NO [ ]   |
| * You do not meet the criteria above (international):
 | YES [ ]   | NO [ ]   |
| **Please advise if there are other residency factors that should be taken into consideration:** |
|  |
| **Have you spent non-holiday periods away from your country of normal residence? If so, please provide brief details below. Add additional lines if necessary.** |
| **DATE FROM** | **DATE TO**  | **LOCATION** | **REASON** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |  |  |  |
| Do you consider yourself to be Black, Minority Ethnic and / or Irish Traveller, and qualify for Home fees status? | YES [ ]  | NO [ ]   |
| If Yes, do you wish to be considered for an **Equality Action Award Studentship**? (*Applicants will be considered in the open competition*.) | YES [ ]  | NO [ ]   |
|  |
| **SECTION 2: AWARD, UNIVERSITY AND SUBJECT AREA DETAILS** |
| Type of Award: | Choose an item. |
| University You Are Applying To: | Choose an item. |
| School or Department You Are Applying To: |       |
| Mode of Study: | FULL TIME [ ]   | PART TIME [ ]  |
| **Primary AHRC Subject Area:***Select only from those listed; you cannot add a subject area not listed here.* | Choose an item. |
| **Secondary AHRC Subject Area (if Interdisciplinary):***Select only from those listed; you cannot add a subject area not listed here.* | Choose an item.  |
| Does your Proposal Include a Creative Practice Component? | YES [ ]   | NO [ ]  |
| **If you have listed two AHRC subject areas above**, and/or are proposing a project that also uses methods from a non-AHRC subject area, do you wish your nomination to be considered by the Interdisciplinary Panel? |
| YES [ ]  | NO [ ]   | N/A (i.e. only one AHRC Subject Area selected) [ ]  |
| **If Yes, please briefly state why, with reference to our definition of interdisciplinary** *(maximum 100 words)***:***Please note, if you do not state a case, your nomination will* ***not*** *be considered by an Interdisciplinary Panel.* |
|       |
| If you are a **current PhD student**, please state the date you started your studies: | dd/mm/yyyy | Mode of Study: | FULL TIME [ ]  PART TIME [ ]  |
| *Applicants who have already commenced their doctoral studies are eligible to apply on the condition that they will have* ***completed no more than 18 months of full-time or 36 months of part-time study*** *by 1 October 2023.* |
|  |
| **SECTION 3: HIGHER EDUCATION TO DATE RELEVANT TO THIS NOMINATION** |
| **Undergraduate Degree, or Equivalent** |
| Name of Awarding Institution: |       |
| Country of Awarding Institution: |       |
| Dates Attended From: | mm/yyyy | To: | mm/yyyy |
| Mode of Attendance: | FULL TIME [ ]   | PART TIME [ ]  |
| Main Subject Area of Study: |       |
| Full Title of Degree Awarded (*for degrees obtained overseas, please state the title in the original language* ***and*** *in English*): |
|       |
| Qualification Type:*e.g. BA (Hons), MA, Laurea Magistrale*: |       |
| Qualification Class:*e.g. 1st, Distinction, 110/110 cum laude*: |       |
|  |
| **Postgraduate (Masters) Degree, or Equivalent** |
| Name of Awarding Institution: |       |
| Country of Awarding Institution: |       |
| Dates Attended From: | mm/yyyy | To: | mm/yyyy |
| Mode of Attendance: | FULL TIME [ ]   | PART TIME [ ]  |
| Main Subject Area of Study: |       |
| Full Title of Degree Awarded (*for degrees obtained overseas, please state the title in the original language* ***and*** *in English*): |
|       |
| Qualification Type:*e.g. BA (Hons), MA, Laurea Magistrale*: |       |
| Qualification Class:*e.g. 1st, Distinction, 110/110 cum laude*: |       |
|  |
| **Postgraduate (PhD) Degree, if Applicable, or if Already Started** |
| Name of Awarding Institution: |       |
| Country of Awarding Institution: |       |
| Dates Attended From: | mm/yyyy | To: | mm/yyyy |
| Mode of Attendance: | FULL TIME [ ]   | PART TIME [ ]  |
| Main Subject Area of Study: |       |
| Full Title of Degree Awarded (*for degrees obtained overseas, please state the title in the original language* ***and*** *in English*): |
|       |
| Qualification Type:*e.g. BA (Hons), MA, Laurea Magistrale*: |       |
| Qualification Class:*e.g. 1st, Distinction, 110/110 cum laude*: |       |
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| **SECTION 4A: PROFESSIONAL EMPLOYMENT EXPERIENCE RELEVANT TO THIS NOMINATION**  |
| Name of Employer / Organisation: |       |
| Country of Employer/Organisation: |       |
| Dates Employed From: | mm/yyyy | To: | mm/yyyy |
| Mode of Employment: | FULL TIME [ ]   | PART TIME [ ]   | VOLUNTARY [ ]  |
| Main Responsibilities: |       |
|  |
| Name of Employer / Organisation: |       |
| Country of Employer/Organisation: |       |
| Dates Employed From: | mm/yyyy | To: | mm/yyyy |
| Mode of Employment: | FULL TIME [ ]   | PART TIME [ ]   | VOLUNTARY [ ]  |
| Main Responsibilities: |       |
|  |
| Name of Employer / Organisation: |       |
| Country of Employer/Organisation: |       |
| Dates Employed From: | mm/yyyy | To: | mm/yyyy |
| Mode of Employment: | FULL TIME [ ]   | PART TIME [ ]   | VOLUNTARY [ ]  |
| Main Responsibilities: |       |
|  |
| **SECTION 4B: PUBLICATIONS, EXHIBITIONS, COMMISSIONS, etc.**  |
|       |
|  |
| SECTION 5a: research proposal AND CASE FOR SUPPORT: STandard phd nominees  |
| Proposed Thesis Title: |       |
| Proposal Summary:*(Maximum 100 words)* |       |
| **Please make your case for support below under the listed headings:***(Maximum 750 words in total)* |
| **Research Questions:** |
|       |
| **Research Context:** |
|       |
| **Research Methods:** |
|       |
| **How have your prior qualifications and/or professional experience equipped you for doctoral study in terms of the research skills and subject knowledge needed to undertake this project?***(Maximum 100 words)* |
|  |
| **Please provide details of the resources and facilities you expect to use, including details of any high cost equipment, fieldwork, training, etc.** *(Maximum 100 words)* |
|  |
| **State why your project is particularly suited to the Northern Bridge Consortium:***(Maximum 100 words)* |
|  |
|  |
| SECTION 5B: research proposal AND CASE FOR SUPPORT: COLLABORATIVE DOCTORAL awards nominees |
| Proposed Thesis Title: |       |
| Proposal Summary:*(Maximum 100 words)* |       |
| Name of non-HE Partner Organisation: |       |
| Non-HE Partner Organisation Address: |       |
| Name of Contact at non-HE Partner Organisation: |       |
| Contact Email Address: |       |
| **Please make your case for support below under the listed headings:***(Maximum 750 words in total)* |
| **Research Questions:** |
|       |
| **Research Context:** |
|       |
| **Research Methods:** |
|       |
| **How have your prior qualifications and/or professional experience equipped you for a Collaborative Award in terms of research skills, subject knowledge, and capacity for collaborative working? What benefits will accrue to you and the partner organisation as a result of your collaboration?** *(Maximum 300 words)* |
|  |
| **Please provide details of the resources and facilities you expect to use, including details of any high cost equipment, fieldwork, training, etc.** *(Maximum 100 words)* |
|  |
| **State why your project is particularly suited to the Northern Bridge Consortium:***(Maximum 100 words)* |
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| SECTION 6: SAMPLE OF PRACTICE-BASED OUTPUTS |
| Creative Practice Studentship Nominees **only** are required to supply a URL to a portfolio of outputs for contextual information. |
| URL: |  |
| **Please explain more fully how your practice is critical to the completion of your research project; how it will help you address your research questions and support your methodologies?***(Maximum 300 words)* |
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| NOMINEE DECLARATION |
| I confirm that the information I have provided in this form is complete and accurate to the best of my knowledge at this date. I hereby declare that Part One of this nomination has been written entirely in my own words and any work/material made available through a URL included by me at Section 6 is entirely my own work.  |
| Signature:*E-Signatures are acceptable* |  | Date: | Click here to enter a date. |
| **Please note that nominees are also required to read and sign the NBCDTP Data Processing Agreement below.** |

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| part 2: to be completed by the nominee’s school or department |
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| SECTION 8: SUPERVISION |
| **Primary (or Co-) Supervisor:** |       |
| School/Department: |       |
| Email: |       |
| **Secondary (or Co-) Supervisor:** |       |
| School/Department: |       |
| Email: |       |
| **Additional Advisor or Supervisor:** |       |
| School/Department/Organisation: |       |
| Email: |       |
| **Additional Advisor or Supervisor:** |       |
| School/Department/Organisation: |       |
| Email: |       |
| **Explain how the expertise of the supervisory team will allow them to support the nominee’s proposed research:***(Maximum 500 words)* |
|  |
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| SECTION 9: TRAINING AND DEVELOPMENT |
| **This must include a justification of additional costs that may be incurred in conducting fundamental research and meeting the applicants’ training needs, and an explanation of how these costs will be met in full, if not by the Northern Bridge Consortium.***(Maximum 300 words)* |
|       |
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| **SECTION 10: RESEARCH ENVIRONMENT** |
| *(Maximum 300 words)* |
|       |
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| **SECTION 11: SUBMISSION** |
| Name of the member of staff within the nominating School or Department responsible for checking Part One of this form and for completing Part Two: |  |
| *The nominating School or Department is responsible for ensuring that all section of this nomination form have been completed. Please note that by completing and submitting this form you confirm that the nominee has been approved by the relevant officer or committee within your School or Department to go forward for consideration for a studentship award.* |
| *Please indicate that the following attachments accompany this nomination form:* |
| Attachment 1 | A **Maximum** of **Two** References. | YES [ ]   | NO [ ]  |
| Attachment 2 | Undergraduate and Postgraduate Transcripts (**not** Degree Certificates).Current Masters students **must** provide evidence of provisional marks / marks received to date. | YES [ ]   | NO [ ]  |
| Attachment 3 | Collaborative Doctoral Awards Only: **A letter from the non-HE Partner Organisation** confirming that they support the nominee, and are committed to providing the support outlined in Sections 8, 9 and 10 above. | YES [ ]   | NO [ ]   | N/A [ ]  |
| Attachment 4 | **Equal Opportunities Monitoring Form**This will be separated from the Nomination Form before the nomination is circulated for review. | YES [ ]   | NO [ ]  |
| The full nomination should be submitted as **ONE COMPLETE PDF** in the order above and named according to the following convention:**NomineeSurname+Initial\_SubjectArea\_Institution**e.g. SmithJ\_Linguistics\_QUB.Please ensure that all sections of this nomination form have been completed and the form is submitted to:**northernbridge.admin@newcastle.ac.uk** **by 16:00 on Tuesday 21 February 2023****Please copy in your local NBC Administrator (contact details below).** **Incomplete nominations will not be considered under any circumstances.****Attachments received after the deadline will not be accepted.****Nominations received after the deadline will not be considered under any circumstances.** |

|  |  |
| --- | --- |
| **Durham University** | northernbridge.admin@durham.ac.uk |
| **Newcastle University** | northernbridge.admin@newcastle.ac.uk |
| **Northumbria University** | northernbridge.admin@northumbria.ac.uk |
| **University of Sunderland** | faci-research@sunderland.ac.uk |
| **Teesside University** | k.metcalfe@tees.ac.uk |
| **Queen’s University Belfast** | northernbridge.admin@qub.ac.uk |
| **Ulster University** | northernbridge.admin@ulster.ac.uk |

**The NBCDTP Data Processing Agreement**

The NBCDTP, and our partner universities, share a commitment to protecting the rights and privacy of our nominees and award-holders in accordance with data protection legislature. In order to ensure our nominees are aware of how the NBCDTP will process their data for the purposes of allocating AHRC funding and managing the studentships, we have provided a privacy policy (see Guidance Notes) detailing how and why the NBCDTP will process your data.

***Please note: the information you provide will be controlled and processed by your university in the first instance; candidates should familiarise themselves with the Privacy Policy of their University.***

To ensure that candidates are aware of how the NBCDTP will process their data, we require either:

1. consent directly from the candidate; or
2. where a candidate is unable to sign in person, a statement from the supervisor affirming that they have received consent directly from the candidate who is informed and aware of the data sharing policies of the institution and NBCDTP (proof of which should be kept by the academic for the duration of any studentship in line with the retention schedule provided in the privacy policy).

**Statement**

The information within this form will be used for the purposes of allocating AHRC funds for Doctoral Training, and the subsequent managing of the studentship awards. The information will be shared with a limited number of academic and administrative staff around the partnership for the purposes of running a competitive process for awarding funding. Application details will further be shared with a limited pool of external academic reviewers.

Should the application be successful, details contained within this nomination may be shared within the NBCDTP in order to appropriately manage the studentship.

Should the nomination be unsuccessful, the nomination will be held for a limited time in case of audit or any complaint process, but will then be destroyed in line with data protection legislation and policies.

**Please complete the signature below, and submit this document with the nomination documentation.**

**The Nominee**

*I have read the above, and agree to my data being processed by the NBCDTP for the purposes of awarding and managing studentships.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:*E-Signatures are acceptable* |  | Date: | Click here to enter a date. |

**OR**

**The Supervisor**

*The candidate is aware of how and why their data will be processed for the purposes of allocating and awarding funds through the NBCDTP, and has consented for their data to be held and shared for these purposes.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:*E-Signatures are acceptable* |  | Date: | Click here to enter a date. |