W. D. Armstrong studentship in the application of engineering in medicine

Supervisors’ PhD project proposal form

The W. D. Armstrong Managers invite PhD project proposals from supervisors in eligible Departments *(Department of Engineering; Department of Chemical Engineering and Biotechnology; Department of Computer Science and Technology; all Departments within the Clinical School)*. The W. D. Armstrong studentships are offered for doctoral work in a field related to the application of engineering in medicine. Each Armstrong scholar will be co-supervised jointly by academics from the School of Technology and the School of Clinical Medicine.

Supervisors of successful proposals will be pre-allocated a studentship. (The actual award of the studentship will be dependent on whether a proposed student is deemed to be sufficiently well qualified to conduct the project.) In considering the applications, the Managers will assess: (i) the relevance of the proposed project to the “application of engineering in medicine”, (ii) the nature of the collaboration between the supervisors from the two Schools, (iii) the academic merit of the proposed student.

This form should be completed jointly by potential co-supervisors and approved by the Heads of Department from the two Schools.

**Supervisors’ Details**

|  |  |
| --- | --- |
| Lead Supervisor (submitting this application) |  |
| Department |  |
| Co-supervisor  |  |
| Department |  |

**Proposed project**

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| --- |
| **Title of proposed PhD research project** |
|  |
| **Aims (please provide an outline of the proposed work and how it will fulfil the purpose of collaboration between Engineering and Clinical Medicine):** |
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| **Project description (1-2 pages)** |
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**Supervisors’ declaration:**

Subject to approval by the W D Armstrong Fund Managers, the supervisors agree to co-supervise a student in the research project detailed in the application and the Heads of Department agree to accommodate the research.

|  |  |
| --- | --- |
| **Department, School of Technology** |  |
| Supervisor name |  | Supervisor signature |  |
| Head of Department name |  | Head of Department signature |  |
| **Department, School of Clinical Medicine** |  |
| Supervisor name |  | Supervisor signature |  |
| Head of Department name |  | Head of Department signature |  |

**Now please complete the online application and upload this form, along with any Graduate Application Forms for students you wish to nominate. Thank you!**

<https://forms.office.com/r/CUXPhnhkUC>