

### HRA Approval – Academic Supervisor

Student Name:	Project Start date:
HRA ID Number:	Project Duration:
Project title:	

As the aforementioned student’s Supervisor I can confirm that with reference to the project:

- I have identified and addressed poorly designed or planned research and poor- quality research proposals, protocols or applications and ensured that research proposals and protocols are in place.
- I am satisfied that the student’s, research team and research sites are suitable.
- I am satisfied that arrangements have been made for making information about the research publicly available before it starts (unless a deferral is agreed, please detail).
- I am satisfied that arrangements have been made for making data and tissue accessible, with adequate consent and privacy safeguards, in a timely manner after it has finished.
- I am satisfied that arrangements have been made for information about the findings of the research to be made available, including, where appropriate, to participants.
- I verify that regulatory and practical arrangements are in place, before permitting the research to begin in a safe and timely manner.
- I am satisfied that arrangements have been made for adequate finance and management of the research project, including its competent risk management and data management;
- I can ensure that effective procedures and arrangements will be kept in place and adhered to for reporting (e.g. progress reports, safety reports) and for monitoring the research, including its conduct and the ongoing suitability of the approved proposal or protocol in light of adverse events or other developments.
- I have read the : [UK Policy Framework for Health and Social Care Research](#)
- I have read the : [Code of Practice for Research Degree Students and Supervisors](#)
- Please provide copies of:
  - review plan
  - research protocol
  - ethical approval
  - data management plan
  - risk assessments
  - safeguarding protocol)
  - roles and responsibilities of the parties involved in the research
  - confirmation from Insurance team regarding support of activity

Name of Supervisor:		Signature:		Date:	
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**For your information:**

**Sponsor Details**

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**For your information:**

**Sponsor Details**

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