# Off-site Research Application Form and Plan

**1. Off-site Research Application Form**

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| **Applicant/Student Name and student number:** |  |
| **Research project title:** |  |
| **Trinity School/Department in which the student/research is based:** |  |
| **Date of initial registration and year of study (e.g year 1, 2 etc). Please indicate if part-time (PT):** |  |
| **Name of Supervisor:** |  |
| **Name of Co-supervisor (if applicable):** |  |
| **Has a Thesis Committee been established** (as required under the policy)? |  |
| **Location of proposed off-site Research** (provide details of location)**:** |  |
| **Local Mentor/advisor (if applicable):** |  |
| **Dates of proposed off-site research** (start to finish; month/year) |  |
| **Has the student taken any time ‘off-books’? If so, please provide details:** |  |
| **Has the student already undertaken a period of off-site research? If so, please provide details, including impact on research progress:** |  |
| **Has the student already completed the structured elements of their PhD (if applicable)?** |  |
| **For students on non-EU visas who have residency requirements, please confirm that travel to and from Ireland for the period of the off-site research is permitted.** |  |

1. **Off-site Research Plan**

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| **Please outline why a period of off-site research is being requested (e.g. access to resources, equipment, personnel etc.)** |
| **If a local mentor/advisor has been appointed, please outline their agreed role in relation to supporting the student’s off-site research:** |
| **Please provide details of the communication plan that has been agreed between the student, the local mentor/advisor (if applicable) and the supervisor/s for the duration of the off-site research period** (i.e. Zoom or Teams calls, phone calls, emails etc. including frequency) |
| **Please provide details of any planned visits to be undertaken by the supervisor** **and/or the co-supervisor to the off-site location:** |
| **If the student has not already completed the structured elements of their research programme (if applicable), and is due to do so during the off-site research period, please outline how this will be managed:** |
| **Please confirm that a risk assessment has been completed (to include consideration of insurance coverage) and that local health and safety standards have been considered and will be met.**  |
| **If ethical approval is required for the proposed off-site research, please outline the status of the approval process.** |
| **Please confirm that applicants will take into consideration Trinity’s policies with respect to the secure transfer and storage of student data (as per the Data Protection Act 2018 and the EU General Data Protection Regulation (GDPR)),** [**Intellectual Property**](https://www.tcd.ie/media/tcd/about/policies/pdfs/Intellectual-Property-Policy-2022.pdf)**, and authorship agreements (see** [**Postgraduate Research Student Handbook**](https://www.tcd.ie/media/tcd/graduate-studies/pdfs/research-handbook-21.pdf)**), as applicable.** |

**Signatures & dates (to be completed before submission to the Dean of Graduate Studies)**

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|  | **Name** | **Date** |
| **Applicant/student** |  |  |
| **Head of School** |  |  |
| **Head of Discipline (if applicable)** |  |  |
| **Director of Teaching and Learning PG**  |  |  |
| **Supervisor**  |  |  |
| **Co-Supervisor (if applicable)** |  |  |

**Dean of Graduate Studies: Date:**