**CONFIRMATION REVIEW REPORT**

**TO BE COMPLETED**

**BY STUDENT AND PRINCIPAL ADVISOR**

**SECTION 1: to be completed by the candidate**

|  |
| --- |
| **Candidate: Student No:**  |
| **Degree: FT/PT:** |
| **Commencement date: Expected completion date:** |
| **Topic:**  |
| **Date Review to be held:**  |
| **Time Review to be held:**  |
| **Venue for Review:**  |
| **Principal Advisor:**  |
| **Associate Advisor(s):** |
| **Chairperson:**  |
| **Reviewer #1:** |
| **Reviewer #2:** |
| **Additional members of panel:**  |
| **Itemized materials presented for Review (attached) – to be completed by the candidate/advisor:**  [ ]  Copy of *Confirmation Review Report* with sections 1 and 2 completed and signed [ ]  Copy of Graduate School’s Milestone Attainment form completed and signed [ ]  Confirmation document (including approvals, etc))[ ]  PowerPoint presentation |

|  |  |  |
| --- | --- | --- |
| **Has Ethics Approval been sought? If yes, please provide copy of application plus approval letter (if received)** | [ ] Yes | [ ] No |

|  |  |  |
| --- | --- | --- |
| **If using secondary data have you obtained ethical approval from the School of Public Health? If no please provide details on why not below. If yes please attach copy of approval letter.** | [ ] Yes | [ ] No |

|  |  |  |
| --- | --- | --- |
| **Have you completed the *UQ Research Integrity Training Module*** <http://www.vision6.com.au/em/message/email/view.php?id=1029964&u=59364> **(please attach evidence of completion).** | [ ] Yes | [ ] No |

**SUPERVISION AND RESOURCES**

**Do you feel that you have adequate access to your advisors?** [ ] Yes [ ] No

Please comment on the *frequency* and *adequacy* of your meetings with your advisor(s), or any other aspect of your relationship with your advisor(s) that may require attention.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Are there any aspects of your project (e.g. direction, funding, timetable, space) that require attention?** *If yes, please outline below the difficulties as you see them.* | [ ] Yes | [ ] No |

|  |
| --- |
|  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Candidate’s name (pls print) Candidate’s signature Date

**Section 2: Principal Advisor to complete**

Please comment on the student’s progress (changes in research plan/timetable, rate of progress, quality of work) since the commencement of candidature. Please outline, where appropriate, remedial measures taken and effects of these measures.

|  |
| --- |
|  |

**Please indicate the frequency of communication with the candidate.**

Weekly or more often [ ]

Once a fortnight [ ]

About monthly [ ]

Once per semester [ ]

More than once a month [ ]

About once in two months [ ]

|  |  |  |
| --- | --- | --- |
| Are you satisfied with the means and frequency of advisory contact? | [ ] Yes | [ ] No |

If *no*, please provide further comment:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **Does the student require assistance in the development of their oral and written communication skills?** | [ ] Yes | [ ] No |

If *yes*, what plan is in place for development of these skills?

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Are other relevant skills (e.g. statistics, computing) required? | [ ] Yes | [ ] No |

If *yes*, indicate what skill development is required and what is the plan for acquiring these skills?

|  |
| --- |
|  |

**Please comment on the work that remains to be completed, and the feasibility of completing the program as outlined in the timetable**.

|  |
| --- |
|  |

**Any other comments:**

|  |
| --- |
|  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Principal Advisor’s name (pls print) Signature Date