

**FORM RDA**

**PRELIMINARY APPLICATION FOR RESEARCH DEGREE**  
**PHD / EdD / MPhil / MA/MSc BY RESEARCH** (please delete as appropriate)  
**Full-time/part-time/International Distance Learning** (please delete as appropriate)

This form should be completed in **black ink or typewritten**. *The applicant should complete Section A only.*

**SECTION A**

TITLE AND SURNAME/FAMILY NAME (Ms/Mrs/Miss/Mr/other)	FIRST NAME(S)
ADDRESS	NATIONALITY  COUNTRY OF DOMICILE
Telephone No Email address	DATE OF BIRTH
ADDRESS FOR CORRESPONDENCE (if different from above)	PREVIOUS SURNAME (if any; for purpose of reference request)

QUALIFICATIONS (higher education only)

Institution	Title of course (eg MA Sociology)	Main subject(s)	Classification of award	Date of award	Awarding body (eg Lancaster University)

ENGLISH LANGUAGE QUALIFICATION

If English is not your first language, or the language in which your higher education was conducted, please provide evidence of your proficiency in English.

Scheme (eg. TOEFL, IELTS)	Overall Score	Score for Individual components	Date of qualification
		Listening Reading Writing Speaking	

*For Research Administration use:*

Received:

RELEVANT EXPERIENCE (please provide details of any professional, work or other experience relevant to the application)

SOURCE OF FUNDING       Self       Studentship (details).....  
 Other       Sponsorship (details).....

**Note: no application will be considered without source of funding being indicated**

PROPOSED TITLE OF RESEARCH (please attach a brief summary of your proposed research project, limited to 1000 words. This should include hypothesis(es), contextualization, methodology and brief bibliography)

Please state how you found out about research opportunities at the University:

REFEREES (please give the name, address and position of two academic or professional referees, at least one of whom must be able to comment on your academic work)

1) Name	2) Name
Position	Position
Address	Address
Email	Email
Relationship to candidate:	Relationship to candidate:

SIGNED ..... DATE .....  
Candidate

The University welcomes applications from people with disabilities. If there are any issues that may affect your capacity to undertake the proposed programme, for example relating to disability, you should ensure these are indicated in the space below and discussed with the Faculty Research Director at interview. Please ensure that we are aware in advance of any special requirements that may need to be taken into account when the interview is arranged.

Please check you have enclosed all the relevant documentation with your application:

Tick

2 copies of application form (RDA)

2 copies of a brief research proposal (one or two pages of A4)

copies of all higher education degree certificates or transcripts of studies

English language certificate (if applicable)

and send all documentation to:

**SECTION B**

This section should be completed by the Faculty Research Director *after* the initial interview and returned to the Research Administration Office.

Name of potential first supervisor .....

Name of potential second supervisor (if known) .....

Date of enrolment ..... Full-time / Part-time / IDL  
(enrolment will be effective from 1st of following month unless otherwise specified)

**RECOMMENDATION BY THE FACULTY RESEARCH DIRECTOR**  
(please delete as appropriate)

1 I recommend that the candidate be registered with the University for the degree of:

MA / MSc by Research	MPhil	MPhil/PhD	PhD	EdD
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2 I recommend that the candidate undertake the following preliminary work prior to enrolment:

3 Research Training and taught components:

(i) PG Cert/PG Dip/MA in Research Methods: (please delete as appropriate)

I confirm that the candidate is exempt from research methods training (please specify reason);

I recommend that the candidate undertake the following programme:

(ii) EdD candidates:

Route: Educational Leadership / Higher Education / Inclusive Education (please circle)

Compulsory modules: Educational Philosophy; Educational Policy

Optional modules (2): ..... (Please specify)

(iii) The following initial training additional training needs have been identified:

4 I recommend that the application be rejected (please state reasons):

SIGNED ..... DATE .....

FACULTY .....

**CONFIRMATION BY HEAD OF DEPARTMENT/BUDGET HOLDER**

SIGNED ..... DATE .....

POSITION .....

# Equal Opportunities Monitoring Form



Please help us in monitoring applications by completing this form and returning it with your application. Ethnic origin and disability information on this form will be used for monitoring purposes only and will not be available to the Admissions Tutor.

Surname / Family Name : Forenames: \_\_\_\_\_

Name of Course / Programme for which you are applying: \_\_\_\_\_

Type of Course / Programme for which you are applying:

- Undergraduate
- Postgraduate
- Professional

Ethnic origin ( please tick ONE code)

- |  |  |
|--|--|
| <input type="checkbox"/> 11 White – British                      | <input type="checkbox"/> 12 White – Irish                                |
| <input type="checkbox"/> 19 Other White background               | <input type="checkbox"/> 21 Black or Black British – Caribbean           |
| <input type="checkbox"/> 22 Black or Black British – African     | <input type="checkbox"/> 29 Other Black background                       |
| <input type="checkbox"/> 31 Asian or Asian British – Indian      | <input type="checkbox"/> 32 Asian or Asian British – Pakistani           |
| <input type="checkbox"/> 33 Asian or Asian British – Bangladeshi | <input type="checkbox"/> 34 Chinese or Other Ethnic background – Chinese |
| <input type="checkbox"/> 39 Other Asian background               | <input type="checkbox"/> 41 Mixed – White and Black Caribbean            |
| <input type="checkbox"/> 42 Mixed – White and Black African      | <input type="checkbox"/> 43 Mixed – White and Asian                      |
| <input type="checkbox"/> 49 Other Mixed background               | <input type="checkbox"/> 80 Other Ethnic background                      |
| <input type="checkbox"/> 90 Not known                            | <input type="checkbox"/> 98 Information refused                          |

Students With a Disability (please tick ONE code)

- |   |   |
|---|---|
| <input type="checkbox"/> 01 Dyslexia                        | <input type="checkbox"/> 02 Blind / Partially Sighted           |
| <input type="checkbox"/> 03 Deaf / Hearing Impairment       | <input type="checkbox"/> 04 Wheelchair user / Mobility Impaired |
| <input type="checkbox"/> 05 Personal Care Support           | <input type="checkbox"/> 06 Mental Health Difficulties          |
| <input type="checkbox"/> 07 Unseen Disability (e.g. Asthma) | <input type="checkbox"/> 08 Multiple Disabilities               |
| <input type="checkbox"/> 09 Other Disability                |   |

Are you in receipt of a Disabled Student Allowance ( Y / N)

Please return this form with your application to the University