**Open-Oxford-Cambridge AHRC DTP**

**Application Form for COVID-19 Extensions (Phase 3)**

**SECTION 1 – STUDENT DETAILS**

|  |  |  |
| --- | --- | --- |
| Surname |  | |
| First name |  | |
| University email address |  | |
| University |  | |
| Name of primary supervisor |  | |
| Supervisor email address |  | |
| OOC AHRC DTP award (*full or fees-only*)\* |  | |
| Funding start date |  | |
| Current funding end date |  | |
| Duration (months) of any previous COVID-19 extension(s) | |  |

*\* Please check your award letter*

**Data Protection Statement**

All information that you provide on this form and any supporting materials submitted in support of your application are treated confidentially and stored securely. In order to process your application this information will be shared with a number of individuals on a strictly need to know basis in order that a decision can be made on your application. This group may include your supervisor, graduate studies committee (or equivalent), and relevant university and departmental administrators. Once a decision on your application has been made, your application may need to be shared with any funders or co-funders of your studentship.

Further information about data privacy and the OOC DTP can be found at <https://www.oocdtp.ac.uk/data-privacy>. Your university’s data privacy policy is available on your university website. After your application has been completed, the paperwork will be retained for 6 years after the end of your student relationship as part of your student record.

|  |  |  |
| --- | --- | --- |
| **I consent to disclosure within the limits stated on this form** | | Yes           No |
| **Signature of Student:** *(Electronic or typed signature accepted if form submitted by email from a University account)* |  | |

*If you do not consent to the sharing of relevant information, or if you withdraw your consent (which you may do at any time) for the sharing of this data before your application has been considered, you should be aware that the processing of your application will cease with immediate effect.*

* By submitting the application form electronically by email the applicant confirms that its contents are true and correct.

**SECTION 2 – FUNDING EXTENSION REQUEST**

*The OOC DTP will consider requests for extensions where students’ studies are significantly prolonged as a result of the COVID-19 pandemic, and where delays cannot be fully mitigated by academic adjustments. It is not for any unrelated activities or events that cause you to overrun or for activities that are not essential for the completion of the thesis e.g. conference attendance, publications that do not form part of the thesis, teaching.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Factors that have contributed to your need for an extension** *Please select all that apply.* | | | |
| Lack of access to research resources, facilities and training  Interruption of and/or delay to data collection and/or fieldwork and/or research collaboration  New and/or increased caring responsibilities  Disruption to living/study arrangements resulting in poor working environment  Additional impact arising from the intersection of one of more of the above factors with disability, chronic illness, mental ill-health or neurodivergence  Other (please specify below) | | | |
| **COVID-19 impact and academic adjustments**  Please explain *(in no more than 500 words)* how the above factors have limited progress on your doctoral research, and what steps you have taken to adjust your project in order to mitigate against the impact of COVID-19. If you have already received a COVID-related extension from the DTP or your university, please explain why a further extension is necessary for your project. | | | |
|  | | | |
| **Requested duration of extension to your studentship and submission deadline**  *Please note that extensions of more than 3 months will only be granted in exceptional circumstances. All cases for an extension will be subject to affordability.* | | | |
| 1 month | 2 months | 3 months | Other Click or tap here to enter text. |
| **Plan to complete**  Please outline *(in no more than 300 words)* how you plan to complete your research and thesis within the extension period, if your application is successful. | | | |
|  | | | |

**SECTION 3 – SUPERVISOR STATEMENT**

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| --- | --- | --- | --- |
| Please provide additional comments on the disruption to the student’s project, any adaptations and adjustments made to the research, and the plan to submit within the requested extension. | | | |
|  | | | |
| Signature: |  | Date: |  |
| Full name: |  | | |
| Email address: |  | | |

* Please submit the form as a Word document to [manager@oocdtp.ac.uk](mailto:manager@oocdtp.ac.uk)