

APPLIED HEALTH RESEARCH PROGRAMMES

PG Cert/MSc Health Research or MSc Research and Quality Improvement in Health and Care

MEMORANDUM OF UNDERSTANDING

Applicant Details:			
Applicant First Name:		Last Name:	
Applicant Number (if Known)			
Email:		Telephone:	
Job Title / Position:			
Line Manager Details:			
Line Manager First Name:		Last Name:	
Job Title / Position:			
Email:		Telephone:	

As an organisation we agree to support the above-named applicant to complete this programme of study. We understand that this support will include the required study leave to complete the academic elements of the programme, access to suitably qualified and/or experienced supervisors to complete any practice-based elements and appropriate organisational governance for research-related project work.

Line Manager Signature:	
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Funding Details: ☐ **Funded by Employer** ☐ **Self-Funded**

If Employer Funded, we agree to fund the above named applicant as follows please tick:

One Module at a time (applicants will need to seek study leave and funding approval for each module):	
One Academic Year (60 credits) at a time: (applicants will need to seek study leave and funding approval for each academic year):	
Full Programme of Study (tick below as appropriate):	
PG Certificate 60 credits	
Masters 180 credits	

I am aware that we are required to supply a purchase order number to the applicant for the cost of each module of study and that the applicant will be unable to select and commence study on the module without this.

Name of Organisation to be invoiced:			
Full Address of Organisation to be invoiced:			
Finance Email address:			
Name of Person Approving Funding:			
Date:		Signature:	