 **PhD Policy Secondment**

## **Social Research Associate, Department for Work & Pensions**

**Secondment Permissions Form for DTP Students**

**Secondment Permissions**

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| This section is to be completed by the applicant.I confirm that I am eligible to apply for this opportunity, the content of this application is correct, and that I have sought the appropriate permissions from my lead supervisor to undertake this secondment. |
| Signature: | **Date:** |

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| This section is to be completed by the lead Supervisor.I confirm that the information within this form is correct. If this application is successful, I give my permission for the above applicant to suspend their PhD studies for 3 months. |
| Name (please print): |
| Signature: | **Date:** |

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| This section is to be completed by the Training Grant Holder.I confirm that the above information is correct. I confirm that the studentship must be extended by three months to accommodate the internship.  |
| Name (please print): | **Training Grant Reference Number:** |
| Signature: | **Date:** |