[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwi0woGAgvHYAhWMzaQKHUzrBHUQjRwIBw&url=https://disabilityconfident.dwp.gov.uk/&psig=AOvVaw0ljiWhE0wmLZjrsxU9bB2H&ust=1516897520869546) **PhD Policy Secondment**

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

**Secondment Permissions Form for DTP Students**

**Secondment Permissions**

|  |  |
| --- | --- |
| 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:** |

|  |  |
| --- | --- |
| 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:** |

|  |  |
| --- | --- |
| 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:** |