**PhD Secondment: Funding Permissions Form**

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| This section is to be completed by the Student.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. |
| Name (please print): |  |
| 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 three months. |
| Name (please print): |
| Signature: | **Date:** |

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| This section is to be completed by the Training Grant Holder (or appropriate).I confirm that the above information is correct. I confirm that the funded studentship will continue throughout the secondment and be extended by three months to accommodate the secondment.  |
| Name (please print): | **Training Grant Reference Number (where applicable):** |
| Signature: | **Date:** |

***Please submit this form along with your CV and completed application form by email to:*** ***evidence.strategyteam@dwp.gov.uk***