**Review of Supervision**

**This review is to *be completed by the student, facilitated by one or more TAP member(s), at the end of the TAP meeting in the absence of the supervisor(s).***

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| Please note that this section is confidential (unless agreed otherwise) and must not be uploaded on the record system (unless agreed otherwise). |

 **Student Name:**

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**Please comment on**:

1 Supervisory meetings (frequency, length)

2 Research guidance and support (is it sufficient for the stage the student is at in their PhD)

3 Feedback (Is feedback consistent, useful, of a timely manner, ..)

4 Any other comments:

5 (a) Has the student raised concerns, would they like these to be raised with their supervisor? Yes / No

(b) If yes, when and by whom? (By the student, the TAP Chair, or another member of staff; at the current meeting or on a subsequent occasion?)

(c ) Comments from the TAP member:

Has the student given permission for their supervisor to see these comments?

Signed: (TAP member)

Signed: (Student)

Date: