PROJECT MANAGEMENT FORM 1

Part II Project Description Form

**After discussion with your supervisor YOU should complete this form and send a copy to the Academic Administrative Office by Friday of 0th week of Michaelmas Term.**

Name: College:

Address for correspondence:

Contact telephone number:

Title of project:

Supervisor:

What are the objectives of the project in order of priority?

List the major milestones that must be accomplished in order to meet the objectives of the project

Are you working essentially on your own or as part of a team? If you are part of a team what is your role, and to what extent is the success of your project dependent on other members of the team?

What resources (equipment, materials, technician support etc.) will you need?

Do you require any training to meet your objectives, e.g. in the use of specific experimental equipment or software, and how are you going to obtain that training?

Complete the following plan for your entire project as you see it now. List each major task down the left hand column, and for each one draw a horizontal line to indicate the period you expect to allocate to it. For example, the final task, writing your thesis, is shown as occupying mid-April to mid-June.

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| **Task** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** |
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| Writing up |  |  |  |  |  |  | xxxx | xxxx | xxxx |

Has your supervisor completed a *Risk Assessment Form* about your project yet? [ ]  Yes [ ]  No

Your signature: Your supervisor's signature:

Date: Date: