Study proposal form

Diploma of the Royal Microscopical Society

**NAME OF CANDIDATE**

**[Title of study]**



Administered by the Outreach and Education Committee of the Royal Microscopical Society   
on behalf of the Trustees of the Society

Correspondence on all matters relating to the Diploma should be addressed to:

The Honorary Secretary for Education, The Royal Microscopical Society,  
 37/38 St Clements Street, Oxford, OX4 1AJ, UK t: +44 (0) 1865 254760 e: [kate@rms.org.uk](mailto:kate@rms.org.uk)

# Personal details

First Name: Family Name: Title:

Are you a RMS member? Y / N   
(You can send in your application to be a RMS member at the same time as your Diploma application)

Qualifications relevant to microscopy (Degree, Masters, Doctorate, etc.):

1.

2.

3.

Employer:

Address of Employer:

Position held with employer:

Contact Address (if different from address of employer):

Preferred email contact:

Secondary email contact:

Preferred telephone contact:

Secondary telephone contact:

# Details of local supervisor

First Name: Family Name: Title:

Position held with employer:

Position in relation to candidate (e.g. line manager)

Contact Address (if different from address of employer):

Email contact:

Telephone contact:

# Study details

This Section may spill on to additional pages.

## Proposed title of study (max 25 words):

## Synopsis (50-100 words):

## Relevant experience to date (max 200 words):

## Aims and objectives of study (max 500 words):

## Details of planned study (max 500 words):

# Course details

During your course of study you will attend one of the Society’s renowned courses where you will be instructed by eminent microscopists in your field, and have valuable hands-on and group time to address your weaknesses and to build on your strengths. If you are resident outside of the European Union you may be able attend a non-RMS course, providing that the RMS is satisfied that it meets your requirements.

In exceptional circumstances, if there are strong reasons why a course will not benefit you in your personal and professional development goals, then it may be possible to undertake a study visit / internship at another Institution, University or laboratory instead. You must provide reasons for wishing to carry out an internship and demonstrate how it will benefit you and the practical skills or knowledge you will gain from it.

Please provide details of the course or subject area that you wish to attend. By visiting the website you will have access to information on courses that have been run in the past and may be repeated. You will need to register yourself on the course when registration opens online.

If you reside outside of the European Union, you may be allowed to attend a course closer to your home country. If you choose to do this, you must provide comprehensive details of the course for approval by the RMS, and provide an extended report on the course on completion.

If you have already attended a RMS course, please provide details (name/dates):

## RMS Course would you like to attend:

Details can be found [www.rms.org.uk/events](http://www.rms.org.uk/events)

Title: Date:

## Non-RMS Course

Title: Date (from/until):

Location:

Details of course (include course programme, teachers/lecturers):

# Confirmation

*To be signed by the candidate and local supervisor*

## Candidate

I confirm that –

* I shall be undertaking the study described in this proposal.
* I shall attend the chosen course and that I and/or my employer will meet all costs associated with this course.
* I shall comply with all conditions described in the Study Guide.
* I am aware that the study should, under normal circumstances, be completed within two to five years.

Name: Date:

Signature:

## Local supervisor

In my role as supervisor, I confirm that -

* I am aware of the details of the proposed project, and agree that it is of benefit to both the candidate and their employer.
* I will ensure that the candidate has access to suitable facilities and equipment for the duration of the project.
* I am aware that the candidate will need to dedicate time to complete this project, and this may impact on other work commitments.
* I am willing to provide the candidate with day-to-day support, as necessary, and complete regular reports in a timely manner for the RMS.
* I am aware of the registration cost, extension costs and cost of the candidate attending an RMS (or other agreed) course.
* I will inform the RMS immediately of any change of employment that will affect the candidate’s ability to complete the study.

Name: Date:

Signature:

# payment

Please complete the payment details section below.

**Registration fee for Diploma - for the first two years from acceptance £250**

**(after this an annual extension fee of £100)**

**Choose your method of payment**

I enclose a Sterling cheque, drawn on a UK bank, made payable to the Royal Microscopical Society

Credit card - details will be requested when payment is due

Please send an invoice for the above amount to:

Purchase order number (if necessary): ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_