Centrum för psykiatriforskning





Assessment of Doctoral Student Employment at SLSO/ Center for **Psychiatry Research**

Applicant (Main supervisor):			
Name	E-mail		
Phone number	Name of rese	earch group at KI, in	ncluding department
Employer	Academic tit	le	
SLL KI	Dr		
Private clinic Name of Clinic:	Doce	ent	
Employment type	Profe	essor	
Permanent Limited time, from: until:	Clini	cal Position	
Address	Cilni	cai Position	
Student information: Employment plan durin	ug doctoral e	ducation	
Name of student being considered	ig doctoral et	ducation	
Clinical %			
Name of clinic			
Position at Clinic Type of Employment Per	riod of Employme	ent	
Teaching %			
Summary of employment plan during doctoral education:	Research	% and	% Clinic/Teaching
Supervision Experience:			
Number of doctoral students you are presently supervising: as	main supervisor:	as co-sup	ervisor:
List of doctoral students you presently are the main supervisor			
Name %	of supervision time	Admission year	Planned dissertation
Total number of doctoral students you have supervised	to a doctoral deg	gree (or licentiat	e degree)
as principal supervisor: as co-supervisor:			
Co-supervisor (information about the studen	nt's co-super	visor)	
	nstitution	Section	% of supervision time

Full time doctoral student, to be employed If yes, please fill in the motivation in the next	ed at CPF-SLSO [_] box		
Motivation to employ full time doctoral st	tudent at CPF :		
L			
Current/Planned financial resou	rces:		
Sources of financing	Sum	Period	
Suggested salary for PhD student:			
Motivation for suggested salary:			
Signature - Applicant			
I can provide good supervision to	the doctoral student		
There is a plausible financing plan	n to cover the cost of the do	octoral student	
There is a plausible motivation for	r employment		
Date Signature applicant			

E-mail the signed application to: nitya.jayaram@ki.se

Director of CP	PF – Assessment of conditions for recruitment
Commentary:	
Date	Signature
Human Resou	rce and Finance - Assessment of financial plan and employment
Commentary:	
Date	Signature
	Director of CPF nally approved and can sent to KI
☐ Sent bac	k to Supervisor
(due to follow	ving reason(s), comment below:
Date	Signature