

**Instructions:**

1. This form is to be used when a candidate is nominated for action and support. The candidate may also nominate themselves to ensure they keep on track.
2. Circumstances under which candidates may be nominated for action and support are outlined in the [HDR Action and Support Procedure](#).
3. A copy of this form and attached action plan must be provided to the candidate and all supervisors. A copy must also be filed in the candidate's e-file.
4. Progress against the action plan must be assessed at the end of the CASP period by the HDR Delegated Authority (HDR DA).
5. If a [candidature variation](#) is recommended as a part of this CASP, separate approval will need to be sought.

**Section 1. Name and details**

Student ID:

Name:

Program:

School:

**Section 2. Details of action and support meeting**

Date of meeting:

How was the meeting held?

Who attended the meeting?

What is the reason for the CASP?

**CASP end date:**

The CASP end date must be within three (3) months or part-time equivalent. The candidate's progress against the attached action plan will be reviewed at that time by the HDR DA who will determine if the action and support period will end, if additional action and support is required or if a referral to College review is required.

Has the candidate had a previous CASP? Yes                      No

If yes, when?

Was the previous CASP referred to in the development of this CASP? Yes                      No

**Section 3. Reasons for developing this CASP (candidate to complete)**

What issues and obstacles have you encountered in your research?

Are there any external factors impacting on your capacity to conduct your research?

What support do feel you need?

Are there any other issues/concerns that you think your supervisory team and/or HDR DA need to know about?

**Section 4. Recommendations (academic to complete)****A) School-based support**

The candidate and supervisors should:

- Increase frequency of meetings with the supervisory team to \_\_\_\_\_ per \_\_\_\_\_
- Create a communication plan
- Meet with / contact the school HDR DA \_\_\_\_\_ per \_\_\_\_\_
- Increase the number of hours spent on the research project to \_\_\_\_\_ per week
- Request to postpone a milestone. Please contact your College Research Training Services Team.
- Take detailed meeting notes and ensure they are accurately recorded, shared and maintained on file
- Other details of how the candidate will be supported by the school:

**B) Recommendations to vary candidature**

- Candidate requires extension beyond maximum to the end date of this CASP
- HDR DA to review supervisory arrangements

The candidate should consider applying for:

- Changing study load (e.g. change to part-time)
- Leave of absence
- Transferring to another HDR program

**C) Recommendations for general academic and other support services**

RMIT offers a range of support services to assist students during their studies, including:

[Academic support](#) - free assistance with academic writing, study skills and English language development

[Student Wellbeing Services](#) – free and confidential wellbeing support services, including counselling and equitable learning services, accommodation, financial and legal advice. They can also refer you to other Student Services and community services for specialist assistance

Please detail advice provided to the candidate about the available support services:

**Section 5. Declaration and signatures**

In signing this CASP, candidate, supervisors and the HDR DA confirm that:

- An appropriate action plan with clear, detailed and specific tasks has been attached to this form and that it includes deadlines that are achievable within the time frame of this CASP.
- The candidate has been advised of the end date of this CASP and understands the consequences of not adhering to the agreed action plan.

**Candidate signature:****Date:****Senior Supervisor**

Name:

Signature:

Date:

**Joint Senior Supervisor**

Name:

Signature:

Date:

**Associate Supervisor/s**

Name:

Signature:

Date:

Name:

Signature:

Date:

**HDR Delegated Authority**

Name:

Signature:

Date:

**Please ensure to submit the Action Plan alongside this CASP form to the Research Training Services team**