

# Medical Student Audit Prize Submission form

Name

Medical School

Year of medical school training

Email address

Telephone number

Name of audit supervisor or tutor

Email address for supervisor or tutor

Title of audit/service evaluation/quality improvement project

Role within the project (please tick the most appropriate box):

- Conducted independently
- Conducted under supervision
- Conducted as part of an multi-disciplinary audit

By submitting this project I confirm that:

1. Appropriate ethical principles have been followed including data protection and confidentiality
2. I am responsible for this work and am able to vouch for the project's authenticity, accuracy and integrity

Signed:

Date: