# Declaration of Contribution for PhD by Artefact or Creative/Performance Practice

|  |  |
| --- | --- |
| Section 1: Candidate’s Details | |
| Candidate’s Name |  |
| DCU Student Number |  |
| School |  |
| Principal Supervisor |  |
| Title of PhD |  |
| Section 2: Details of First Thesis Element Please replicate Section 2 and 3 for each substantial element created and submitted as part of the thesis | |
| Title of element and brief description of what it entails |  |
| List of creators in order of contribution, most significant first |  |
| Publication or Performance Details (e.g. please provide details here of where the artefact/performance etc. was displayed and where the digital record can be accessed) |  |
| Section 3: Candidate’s Contribution | |
| Provide details below of the **nature** and **extent of your contribution** to the thesis element described above (include both your intellectual, creative and practical contributions). If there are other collaborators listed above, please indicate your overall contribution in approximate **percentage terms** and theirs and provide a description of the nature of each person’s contribution: | |
| Section 4: Signature and Validation | |
| I confirm that the information I have provided in this form is true and accurate.  **Signature of PhD Candidate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_  I confirm that the information provided by the candidate is correct:  **Signature of Principal Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_ \_\_\_\_\_\_\_\_\_  In some cases, it may be necessary for verification to be given by both the principal supervisor and other collaborators. In this case, such collaborators should sign below (add additional lines where required).  Signature of additional collaborators: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_  Nature of Current Post/Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Home institution/Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ | |