Conifer Insights Institute for Advanced Learning (CIIFAL)

Pre-Mentorship Research Assessment Form

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Purpose of this Form

Thank you for your interest in the **CIIFAL Research Mentorship Programme**.

This assessment form enables CIIFAL to evaluate the feasibility, scope, and mentorship requirements of your proposed research project. The information you provide will help us understand your research objectives, determine whether the project aligns with our expertise, and recommend an appropriate mentorship pathway.

Please note: Submission of this form does **not** constitute enrolment into the programme nor guarantee acceptance. Each application is reviewed individually based on academic merit, feasibility, mentor availability, and ethical considerations.

SECTION 1: Applicant Information

This information helps us maintain accurate mentorship records and communicate with you effectively.

Full Name: ……..

Email Address: ……..

Mobile Number (with Country Code): ……..

City & Country: ……

Highest Qualification: ……..

Current Designation/Occupation: ……

SECTION 2: Academic Background

This section provides context regarding your academic affiliation and current programme.

University/Institution: ……..

Department: ……..

Programme: …….

☐ Bachelor's
☐ Master's
☐ PhD
☐ Faculty Member
☐ Independent Researcher
☐ Other _____

Current Year/Semester (if applicable): ……

Research Supervisor (if applicable): ……

SECTION 3: Research Project Details

This section helps us understand your proposed research.

Proposed Research Title: ……

Research Area: ……

Type of Research

☐ Bibliometric Analysis
☐ Systematic Literature Review (SLR)
☐ PRISMA Review
☐ Empirical Research
☐ Conceptual Paper
☐ Case Study
☐ Mixed Methods
☐ Other _____

Brief Description of the Research

(Approximately 200–300 words)

Research Objectives

SECTION 4: Current Research Status

Please indicate the present stage of your research.

☐ Topic Selection
☐ Literature Review
☐ Proposal Approved
☐ Data Collection
☐ Data Analysis
☐ Manuscript Writing
☐ Ready for Submission
☐ Under Review
☐ Revision Stage
☐ Other _____

SECTION 5: Publication Background

Understanding your publication experience helps us tailor the mentorship.

Number of Journal Articles: ……

Number of Conference Papers: ……

Number of Book Chapters: ……

Scopus Indexed Publications: ……

SECTION 6: Research Resources

This section helps us understand the resources available for conducting your research.

Database Access

☐ Scopus
☐ Web of Science
☐ Dimensions
☐ Google Scholar
☐ Other _____

Access Available Until: ……

Software Available

☐ VOSviewer
☐ Biblioshiny
☐ R
☐ Excel
☐ NVivo
☐ SPSS
☐ Other _____

For Bibliometric Studies Only

Database Used: ……

Exact Search String

……
……

Total Records Retrieved (Before Applying Filters): ……

Filters Applied

☐ Publication Year
☐ Language
☐ Subject Area
☐ Document Type
☐ Source Type
☐ Country
☐ Other _____

Exported Files Available

☐ CSV
☐ BibTeX
☐ RIS
☐ Not Yet Exported

SECTION 7: Mentorship Requirements

Please indicate the type of support you expect from CIIFAL.

☐ Topic Selection
☐ Research Design
☐ Literature Review
☐ Bibliometric Analysis
☐ PRISMA Review
☐ Data Analysis
☐ Academic Writing
☐ Academic Editing
☐ Journal Selection
☐ Submission Guidance
☐ Reviewer Response Preparation
☐ Publication Guidance
☐ Other _____

Please describe your expectations from the mentorship.

SECTION 8: Timeline

Expected Date of Manuscript Submission: ……

Expected Completion/Viva Date (if applicable) ……

Institutional Deadline (if any) ……

SECTION 9: Supervisor & Institutional Requirements

Is your supervisor aware that you are seeking independent research mentorship?

☐ Yes
☐ No

If yes, has your supervisor approved this?

☐ Yes
☐ No
☐ Not Applicable

Please mention any university-specific publication requirements.

SECTION 10: Declaration

I hereby declare that:

☐ The information provided in this form is true and accurate to the best of my knowledge.

☐ The proposed work is my own research.

☐ I understand that CIIFAL provides **independent academic mentorship and research guidance**.

☐ I understand that the recommendations of my official university supervisor and institutional regulations shall take precedence over CIIFAL's guidance wherever applicable.

☐ I understand that **no mentor, professor, consultant, editor, or academic advisor can ethically guarantee publication**, as publication decisions are made independently by journal editors and peer reviewers.

☐ I understand that submission of this form **does not guarantee acceptance** into the CIIFAL Research Mentorship Programme.

Applicant Signature _____

Date _____

SECTION 11: Consent

I voluntarily consent to the use of the information provided in this form solely for the purpose of assessing my application for research mentorship.

I understand that my information will be treated confidentially and used only in accordance with CIIFAL's policies.

Signature _____

Date _____

SECTION 12: For Official Use Only (CIIFAL)

Initial Assessment

Research Feasibility

☐ Excellent
☐ Good
☐ Fair
☐ Unsuitable

Research Novelty

☐ High
☐ Moderate
☐ Limited

Estimated Mentorship Level

☐ Consultation Only
☐ Research Mentorship
☐ Publication Guidance
☐ Not Recommended

Recommended Phase(s)

☐ Phase 1
☐ Phase 2
☐ Phase 3
☐ Phase 4
☐ Phase 5

Mentor Remarks

Decision

☐ Accepted
☐ Accepted with Conditions
☐ Waitlisted
☐ Declined

Approved By _____

Date _____

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