**SPARQ-ed Jnr Research Immersion Program Student Application Form 2017**

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| **Section 1: Personal Information** | | |
| **Student’s Full Name :** | | |
| **Date of Birth:** | **Gender : Male 🔿 Female 🔿 N/A 🔿** | |
| **School Attended :** | **Year Level :** | |
| **Student’s school email:** | **Student’s alternative email:** | |
| **Mobile Phone :** |  | |
| **I wish to identify as:**  **Aboriginal 🔿 Torres Strait Islander 🔿 Student with a disability 🔿 ESL 🔿 EALD 🔿** | | |
| **Section 2: School Details** | | |
| **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **School Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **School Phone:** | **School Location:**  **Metropolitan 🔿**  **Regional 🔿**  **Remote 🔿** | |
| **Section 3: Parent Details** | | |
| **Parent / Guardian First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Mobile Phone:** | | **Home Phone :** |
| **Parent / Guardian Email :** | |  |
| **Section 4: Program Selection** | | |
| **My preference would be to undertake the program in (please number in order of preference – 1 being your first choice) :** | | |
| **Term 1**   * **N/A**   **Term 2**   * 16-17 June, 2017  Junior Geneticist   **Term 3**   * 25-26 August, 2017 Junior Biochemist   **Term 4**  ** N/A** | | |
| **Section 5: Medical Details** | | |
| **Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Private Health Insurance Company (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Private Health Insurance Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Health Issues: Please indicate if your child/ward suffers from any of the following:**   * **Heart problems** * **Respiratory e.g. asthma** * **Food allergies** * **Diabetes** * **Blood pressure (high or low)**   **Please give details of any medication being taken by the child including dosage, frequency and any doctor’s instructions:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Special Dietary requirements - note please only list dietary requirements essential for your health and wellbeing NOT likes and dislikes!**   * **Coeliac (Gluten Free)** * **Coeliac/Lactose intolerant** * **Lactose intolerant** * **Vegan** * **Vegetarian** * **Nut allergy** * **Egg allergy** * **Shellfish/seafood allergy** * **SEVERE ANAPHYLACTIC REACTION**   **Other:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Section 6: Payment Details** | | |
| PLEASE NOTE: FEES ARE THE RESPONSIBILITY OF THE STUDENT, UNLESS A PRIOR ARRANGEMENT HAS BEEN MADE WITH THE SCHOOL TO COVER THE COSTS.  **Fees are payable by the parent/guardian via credit card. Once the applicant has been accepted in to the program you will be sent an additional form requesting credit card details. The fee will be charged to the credit card prior to commencement of the immersion. A non-refundable $50 administration fee will apply to confirm place in the immersion program, this will be deducted from the total cost ($100/$150).**  **Please tick:**  **State School 🔿 Fee $100 Home school 🔿 Fee $100**  **Non-Government School 🔿 Fee $150**  **Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please note Credit card details are not stored by the school)***  **Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Section 7: Permission** | | |
| **Privacy Notice**  *The Department of Education and Training (DET) is collecting the personal information requested in this form in order to:*  *• obtain lawful consent for your child to participate in the activity;*  *• help coordinate the activity;*  *• respond to any injury or medical condition that may arise during, or as a result of the activity.*  *The information will only be accessed by authorised staff and will be dealt with in accordance with the confidentiality requirements of s.426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld). The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given DET permission for the information to be disclosed.*  ***Activity Risks & Insurance***  *Please note that the Department of Education and Training does not have personal accident insurance cover for students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare.*  *If you have private health insurance, some costs may be also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.*  **Attendance consent:**  By signing below I agree that:   * I give my child/ward permission to attend the SPARQ-ed Reserach Immersion Experience * I agree that my student shall be subject to the supervision of the SPARQ-ed Staff, registered senior science teachers. * My student and I have read the safety materials on the SPARQ-ed website and are aware of our responsibilities to follow the correct safety procedures during the course of this project * In any situation where my child/ward needs to receive medical or surgical treatment, and where the SPARQ-ed coordinator cannot contact the emergency contact via the telephone number listed above, I authorise for my child/ward to receive this treatment according to the Occupational Health and Safety protocols of the University of Queensland Diamantina Institute. * I have provided all relevant details of my child’s medical or physical needs.   **Behaviour contract:**  I have discussed the following with my child/ward and by signing below we agree they will:   * + Treat all fellow participants with respect   + Cooperate with all supervising staff and follow instructions   + Act in a safe manner at all times and observe all safety guidelines   + Not smoke, drink alcohol or take illicit drugs whilst on the Immersion   + Be on time and attend the full Immersion from 8.30am-4.30pm each day   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **I hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take part in the SPARQ-ed Research Immersion Program**  **Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

**Student academic results (science relevant subjects only, biology or chemistry or both must be included) or class groups average.**

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| **Subject : Mathematics** | **Year Studied :** | **Semesters :** |
| **Grade Achieved :** | **Position in Cohort :** | **Number in Cohort :** |
|  | | |
| **Subject : Science** | **Year Studied :** | **Semesters :** |
| **Grade Achieved :** | **Position in Cohort :** | **Number in Cohort :** |
|  | | |
| **Subject :** | **Year Studied :** | **Semesters :** |
| **Grade Achieved :** | **Position in Cohort :** | **Number in Cohort :** |
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**Student or Class Interest Statement (max 250 words)**

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| **Please write a short statement on what qualities you or your class can bring to the SPARQ-ed Research Immersion Program, citing examples where possible. Explain why you or your class want to take part in the program and detail any areas of special scientific interest you or your class may have:** |

**Activity Log**

**Please detail any relevant scientific experience you or your class may have already completed. This may include part-time work, work experience, volunteer work, and other science programs (e.g. Siemens Summer School, Frontiers in Science lectures, Optiminds, Science & Engineering challenge, Science Competitions etc.).**

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| **Name of Activity** | **Dates Undertaken** |
| **Brief Description of Activity / Summary of Results** | |
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| **Brief Description of Activity / Summary of Results** | |

**Principal’s Approval**

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| **I have read the student’s or class teacher’s application and can verify and confirm the accuracy of the information contained within.**  **I support the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for participation in a SPARQ-ed Research Immersion Program**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / /**  **(signed Principal or Principal’s delegate)** |