**Workshop – Expression of Interest Form**

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| **School Name** |  | | |
| **School Address** |  | | |
| **School Postal Address**  **(if different from above)** |  | | |
| **Contact person** |  | **Contact email** |  |
| **Contact phone** |  |

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| **Preferred workshop** | | | | **Grade Level** |
| * Working with Recombinant DNA * Enzyme Inhibitors * Cell Biology * Other – SPARQ-ed teachers will contact you to discuss specific requirements | | | |  |
| **Approximate Arrival and Departure Time** | | | | |
| Arrival (9.00am recommended): | | Departure (2.30pm recommended): | | |
| **Preferred dates** | | | | |
| 1. | 2. | | 3. | |
| **Special requirements for SPARQ-ed staff to consider in making the school booking** | | | | |
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| **Acknowledgements** |
| * We hereby acknowledge that to participate, fees are payable via UQ Pay a minimum of 1 week prior to the workshop. Workshop fee details can be found at <https://di.uq.edu.au/sparq-ed> . * All students will have permission from a parent/guardian to participate in the workshop. Media consent for UQ will also be sought. Permission note templates can be found at <https://di.uq.edu.au/sparq-ed> . * We also acknowledge that classroom teachers will be present and actively supervising students in the workshop at a ratio of at least 1 teacher: 24 students   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact signature Date |