**Teacher Development – Registration Form**

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

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| **Teacher Development Program** | **Date** |
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| **Special requirements for SPARQ-ed to consider? (visual/hearing difficulties, food allergies etc)** | |
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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 program. Information for payment will be sent with registration confirmation. Teacher Development Program fee details can be found at <https://di.uq.edu.au/sparq-ed>      * Enclosed shoes must be worn in the laboratory spaces.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact signature Date |