**SPARQ-ed RESEARCH IMMERSION expression of interest Form Sem 1, 2021**

Please enter your details below to register your Expression of Interest for the Research Immersion program and email to [sparqed@uq.edu.au](mailto:sparqed@uq.edu.au) for consideration.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | | | |  | | | | | | | | | | | | | | |
| **Date of Birth:**  *(dd/mm/year)* | | | |  | | | | | | | | | | | | | | |
| **Year Level:** | | | | Select year | | | | | **LUI number:** | | | | |  | | | | |
| **Student School email:** | | | |  | | | | | | | | | | | | | | |
| **Student identifies as:** | | | | Select option | | | | | | | | **Gender:** | | | | Select option | | |
| **SCHOOL DETAILS** | | | |  | | | | | | | | | | | | | | |
| **School Name:** | | | |  | | | | | | | | | | | | | | |
| **School Address:** | | | |  | | | | | | | | | | | | | | |
| **Teacher/HOD Name:** | | | |  | | | | | | | | | | | | | | |
| **Teacher/HOD Email:** | | | |  | | | | | | | | | **School Phone:** | | | | |  |
| **PARENT/GUARDIAN DETAILS** | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Name:** | | | |  | | | | | | | | | | | | | | |
| **Home Address:** | | | |  | | | | | | | | | | | | | | |
| **Parent/Guardian Email:** | | | |  | | | | | | | | | | | | | | |
| **Parent/Guardian 1 Mobile:** | | | |  | | | | | | **Parent/Guardian 2 Mobile:** | | | | | | | |  |
| **Program - Semester 1** | | | | *Please select dates in order of preference from 1 – 3 in the list below:* | | | | | | | | | | | | | | |
| **12 – 16 April 2021** | | | | **Week 2**  **Easter holidays** | | Preference option | | | | | | | | | | | | |
| **5 – 9 July 2021** | | | | **Week 2**  **July holidays** | | Preference option | | | | | | | | | | | | |
| **12 – 16 July 2021** | | | | **Week 1**  **Term 3** | | Preference option | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **STUDENT INTEREST STATEMENT** | | | | | | | | | | | | | | | | | | |
| Please write a short statement (max 300 words) on the qualities you would bring to the SPARQ-ed Research Immersion Program, citing examples where possible. Explain why you want to take part in the program and detail any areas of special scientific interest you may have. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **STUDENT ACTIVITY LOG** | | | | | | | | | | | | | | | | | | |
| **Name of Activity No. 1**: | | | | |  | | | | | | | | | | | | | |
| **When undertaken:** | | | | |  | | | | | | | | | | | | | |
| **Brief description of your role in the activity:** | | | | |  | | | | | | | | | | | | | |
| **Name of Activity No. 2**: | | | | |  | | | | | | | | | | | | | |
| **When undertaken:** | | | | |  | | | | | | | | | | | | | |
| **Brief description of your role in the activity:** | | | | |  | | | | | | | | | | | | | |
| **Name of Activity No. 3**: | | | | |  | | | | | | | | | | | | | |
| **When undertaken:** | | | | |  | | | | | | | | | | | | | |
| **Brief description of your role in the activity:** | | | | |  | | | | | | | | | | | | | |
| **SCHOOL RECOMMENDATION *\*****(To be completed by a current Science Teacher or Head of Department)* | | | | | | | | | | | | | | | | | | |
| Write a short statement clarifying the suitability of this student participating in the SPARQ-ed Research Immersion Program. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **SCHOOL TEACHER/HEAD OF DEPARTMENT ACKNOWLEDGEMENT** | | | | | | | | | | | | | | | | | | |
| This representation accurately reflects the students’ eligibility to participate in the SPARQ-ed program. | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | **Signature:** | | | | | | |  | | | |
| **Position:** | |  | | | | | | **Date:** | | | | | | | Select date | | | |
|  | | | | | | | | | | | | | | | | | | |
| **PARENT/GUARDIAN ACKNOWLEDGEMENT** | | | | | | | | | | | | | | | | | | |
| Program fees are the responsibility of the student, unless a prior arrangement has been made with the School. Payment is required upon acceptance into the program, with details included in your acceptance package.  I hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to apply and participate in the SPARQ-ed Research Immersion Program. | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Signature:** | | |  | | | | | | | | | | **Date:** | | | | Select date | |
| **Student Signature:** | | |  | | | | | | | | | | **Date:** | | | | Select date | |
|  | | |  | | | | | | | | | |  | | | |  | |
| **CHECKLIST** | | | *Ensure you have addressed the following criteria:* | | | | | | | | | | | | | | | |
|  | Checked all details are filled in | | | | | |  | | | | School Recommendation completed | | | | | | | |
|  | Completed Interest Statement | | | | | |  | | | | Page 4 signed | | | | | | | |
|  | Completed Activity Log | | | | | |  | | | | Include a copy of your latest report card | | | | | | | |
|  |  | | | | | |  | | | |  | | | | | | | |
| \*Application **CLOSING DATE**: Semester 1, 2021   * **Friday 12 February 2021**   Each application will be carefully considered from the information you have provided. Note places are limited and subject to eligibility. We will be in contact to confirm your registration shortly after the closing date and successful applications will include a Letter of Offer and a detailed resource pack. | | | | | | | | | | | | | | | | | | |
| [Visit our website](https://di.uq.edu.au/sparq-ed) for more information about SPARQ-ed and the various programs we offer in biomedical education.  SPARQ-ed | The University of Queensland | Faculty of Medicine  Translational Research Institute (TRI) | 37 Kent Street | Woolloongabba Qld 4102  **W**: <https://di.uq.edu.au/sparq-ed> **E**: [sparqed@uq.edu.au](mailto:sparqed@uq.edu.au) **T**: +61 7 3443 6920 **M**: 0419 233 622 | | | | | | | | | | | | | | | | | | |