**JUNIOR RESEARCH ENGAGEMENT PROGRAM REGISTRATION FORM 2023**

Please enter your details below to register for the Junior Research Engagement Program and email to [sparqed@uq.edu.au](mailto:sparqed@uq.edu.au).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | | |  | | | | | | | | |
| **Date of Birth:**  *(dd/mm/year)* | | |  | | | | | | | | |
| **Year Level:** | | | Select year | | | | | | | | |
| **Student School email:** | | |  | | | | | | | | |
| **Student identifies as:** | | | Select option | | | **Gender:** | | | | Select option | |
| **School Name:** | | |  | | | | | | | | |
| **Teacher Name:** | | |  | | | | | | | | |
| **Teacher Email:** | | |  | | | | | | | | |
| **PARENT/GUARDIAN DETAILS** | | | | | | | | | | | |
| **Parent/Guardian Name:** | | |  | | | | | | | | |
| **Home Address:** | | |  | | | | | | | | |
| **Parent/Guardian Email:** | | |  | | | | | | | | |
| **Parent/Guardian Mobile:** | | |  | | **Emergency contact:** | | |  | | | |
| **STUDENT INTEREST STATEMENT** | | | | | | | | | | | |
| Please write a short statement (50 words) why you want to take part in the program, detailing any area of special interest or career aspirations you may have. | | | | | | | | | | | |
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| **SCHOOL TEACHER ACKNOWLEDGEMENT** | | | | | | | | | | | |
| I support the students’ application to participate in the SPARQ-ed Junior Research Engagement Program across the 2 days. | | | | | | | | | | | |
| **Name:** | |  | | **Signature:** | | | | |  | | |
| **Position:** | |  | | **Date:** | | | | |  | | |
| **TEACHER SUPPORT STATEMENT** | | | | | | | | | | | |
| Please write a short support statement (50 words) outlining the students’ strengths and suitability in taking part in the program. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **PARENT/GUARDIAN ACKNOWLEDGEMENT** | | | | | | | | | | | |
| I acknowledge that payment is required five (5) days prior to the program.  I hereby give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to apply and participate in the SPARQ-ed Junior Research Engagement Program. | | | | | | | | | | | |
| **Signature:** |  | | | | | | **Date:** | | | |  |
| **Comments:** |  | | | | | | | | | | |

**STUDENT MEDICAL INFORMATION**

This is to be completed by the parent or guardian. The information contained herein is required by SPARQ-ed teachers and/or medical practitioners in the event of a student requiring medical treatment. SPARQ-ed teachers are registered teachers employed by the Department of Education and as such, all information will be held in confidence.

**Has your child:** **YES NO** **NOTES**

(a) Tetanus booster in the last 12 months   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Heart problems   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Respiratory problems (e.g. asthma)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child:** **YES NO** **NOTES**

(d) Allergies (food, drugs, ointments etc.)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e) Diabetes   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(f) Blood pressure   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(g) Recent operations   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(h) Epilepsy   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i) Recent illness   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(j) Phobias   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(j) Current medication   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(k) Special dietary requirements (*list)*   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional medical information**

If a student has a medical condition, it will be managed during the 2 days as per the Department’s, guidelines for administering medication or adjustments for specialised health needs (for example wheelchair access). If a student has an existing Individual Health Plan (IHP) and/or an Emergency Health Plan (EHP) please provide a copy of the document or contact the SPARQ-ed Head of Department to discuss the student’s needs and if the existing plan can be used during the week.

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| **Additional medical information or special requirements, for example: mobility, medication, dietary, or religious requirements:** |
|  |
| **Copy of Individual Health Plan (IHP) and/or an Emergency Health Plan (EHP) attached** *(if applicable).* |

**You may also wish to provide the following information in case the student requires medical attention while at our SPARQ-ed program:** *\*(optional)*

|  |
| --- |
| **\*Name of student’s General Practitioner:** |
|  |
| **\*Telephone number of General Practitioner:** |
|  |

SPARQ-ed | Students Performing Advanced Research QLD-education

The University of Queensland (UQ) | Translational Research Institute (TRI)

Level 2, 37 Kent Street, Woolloongabba Qld 4102

**W**: [di.uq.edu.au/sparq-ed](mailto:di.uq.edu.au/sparq-ed) **E**: [sparqed@uq.edu.au](mailto:sparqed@uq.edu.au) **T**: +61 7 3443 6920