**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.

|  |  |
| --- | --- |
| **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.  |
|  |
| **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.

|  |
| --- |
| **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)

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