

## SENIOR RESEARCH IMMERSION PROGRAM APPLICATION FORM – GROUP 3

2024

Please complete your details below to apply for the Senior Research Immersion Program and email by the relevant due date to <a href="mailto:sparqed@tri.edu.au">sparqed@tri.edu.au</a> for consideration.

Student Name:						
Date of Birth: (dd/mm/year)						
Year Level:		LUI number:				
Student School email:						
Student identifies as: (ie. First Nations, EALD, Disability)	Gender:					
SCHOOL DETAILS	Meet with your Teacher/HOD					
School Name:						
Teacher/HOD Name:						
Teacher/HOD Email:						
PARENT/GUARDIAN DETAILS						
Parent/Guardian Name:						
Home Address:						
Parent/Guardian Email:						
Parent/Guardian 1 Mobile:	Parent/Guardian 2 Mobile:					
PROGRAM DATES	Select your session preference in order $(1-2)$ for Group 3 in the table below. Note closing dates apply for each Group, see page 4:					
Group 1 APRIL	Session 1: 8 April - 12 April 2024					
	Session 2: 15 April - 19 April 2024					
Group 2	Session 3: 24 June - 28 June 2024					
JULY	Session 4: 1 July - 5 July 2024					
Group 3	Session 5: 23 September - 27 September 2024					
SEPTEMBER	Session 6: 30 September - 4 October 2024					









STUDENT INTEREST STATEMENT				
Please write an introduction statement (max 200 words) on the <i>qualities</i> you would bring to the SPARQ-ed Research Immersion Program, citing examples where possible.				
Explain (max 200 words) why you want to take part in the program, detailing any area of special scientific				
interest or <i>career aspirations</i> you may have.				









STUDENT ACTIVITY LOG				
Identify 3 activities that demonstrate the <i>qualities</i> described in your one (1) activity should be STEM related.	'Student Interest Statement'. At least			
Name of Activity # 1:				
When undertaken:				
Give a brief description of your role in the activity:				
Name of Activity # 2:				
When undertaken:				
Give a brief description of your role in the activity:				
Name of Activity # 3:				
When undertaken:				
Give a brief description of your role in the activity:				
SCHOOL RECOMMENDATION *(To be completed by your current)	Science Teacher or Head of Department)			
SCHOOL RECOMMENDATION *(To be completed by your current.) Write a short statement outlining the students' strengths and suitab Immersion Program.				
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SCHOOL TEACHER/HEAD OF DEPARTMENT ACKNOWLEDGEMENT								
☐ This statement accurately reflects the students' eligibility to participate in the SPARQ-ed program.								
Teacher Name:			Signature:					
Position:				Date	e:			
PARENT/GUARDIAN ACKNOWLEDGEMENT  Program fees are the responsibility of the student unless a prior arrangement has been made with the respective School. This must be communicated to SPARQ-ed upon acceptance to the program.								
☐ I acknowledge that payment is required within (7) business days from the invoice date. A cancellation fee may apply. Registration for this program is on TRI's standard terms and conditions, which are available here: SPARQ-ed Attendee Terms and Conditions final.pdf.								
☐ I hereby give permission for to participate in the SPARQ-ed Research Immersion Program.								
Parent/Guardian Signature:			· ·		Date:			
Student Signature:					Date:			
CHECKLIST:  Each application is carefully considered based on the information you have provided Please ensure to check all criteria are addressed and attachments are included before sending through your submission. We will be in contact to confirm the outcome of your application 1-2 weeks after the relevant closing date.					ttachments are included contact to confirm the			
	Completed	nterest statement			Acknow	ledgements signed		
	Complete Activity Log			Attach la	ach latest report card			
	School Recommendation			Session	session preference			
APPLICATIONS FOR:			CLOSING DATE:					
GROUP 1 - APRIL SESSION 1 & SESSI		SESSION 1 & SESSION	N 2	12 February 2024		oruary 2024		
GROUP 2 - JULY		SESSION 3 & SESSION 4		06 May 2024				
GROUP 3 - SEPTEMBER		SESSION 5 & SESSION 6		29 July 2024				





