THE SWINBURNE EMERGING LEADER PROGRAM

ACTIVITY DECLARATION FORM



If you are unable to get the declaration completed and signed, please attach other evidence* that you've completed this activity. Please ensure dates provided are within the last 24 months and activities referred to are only those undertaken whilst you are an enrolled Swinburne student.* See https://www.swinburne.edu.au/current-students/work-study-opportunities/leadership/emerging-leaders/

Student Name:						
Student ID:						
LEADE	ERSHIP CA	TEGORY				
CAREER DEVE	ELOPMENT [SUSTAINABIL	LITY	COMMUN ENGAGEN		RESEARCH
INDUSTRY EXF	PERIENCE	CAMPUS AC	CTIVITY	GLOBA CITIZEN		DIVERSITY
Activi	ty Details					
Description:						
Organisation:						
Role:						
Dates:						
Completio	on:	Hours		Sessions Career Development Certific Only	rate	Research Research Certificate Only
DE	CLARATIC	N (activity	super	visor to co	mplete)	
I certify that this student has completed the above nominated activity to a satisfactory standard.						
Name:				Date:		
Tel/Email:						
Position:				Signature:	100	