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	[EGORY						
CAREER DEVE	ELOPMENT [SUSTAINABILI	ITY	COMMI ENGAG			RESEARC	Н
INDUSTRY EXF	PERIENCE	CAMPUS AC	CTIVITY	GLOB CITIZE	BAL Enship		DIVERSIT	Y
Activi	ty Details							
Description:								
Organisation:								
Role:								
Dates:								
Completio	on:	Hours		Sessions Career Development Cert Only	tificate		Research Certific	
DE	CLARATIO	N (activity s	super	visor to co	omplete)			
I certify that this student has completed the above nominated activity to a satisfactory standard.								
Name:				Date:				
Tel/Email:								
Position:				Signature:				