School of Electrical, Computer & Telecommunications Engineering

PROJECT FORM

Student Name:_____ Student Phone: _____ Student Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

THE WORK IS REQUIRED FOR: (Tick 1 box only)   **DETAIL:** (Tick 1 box only)
☐ Electrical / Computer / Telecommunications   ☐ Undergrad Thesis
☐ Mechatronics   ☐ Postgrad Thesis
☐ Other, please specify _____   ☐ Consulting
☐ Academic Research

Before filling in this form you need to discuss your project with a workshop staff member if your project is not a computer based project

Description of Work or Project Title: (Attach Drawings & other info)

_____

_____

_____

Equipment to be used: (List Equipment & Highlight any required training)

_____

_____

_____

Special Laboratory Access Required

☐ 35.132   ☐ 35.136   ☐ 35.137   ☐ Other:_____

Reason for Lab Access: _____

Checklist:

☐ My project involves more then just a computer simulation and therefore I have discussed my project with the following Workshop staff. Tech Staff Name:_____

☐ I have attached a Risk Assessment for the project. (Required for all projects)

☐ I have attached a budget of all equipment I need to purchase. (If your project requires parts)

For the project have you considered:

Are their any handling issues? (Physical size, awkward shape, weight, special license required)	Yes	No
Are there enough staff to complete the project within the time frame?	Yes	No
Have you considered electrical requirements?	Yes	No
Is there enough laboratory space for this project?	Yes	No
Does this project require the use of Hazardous substances, Dangerous goods, Bio Hazardous material or radiation? If Yes, this must be addressed in the risk assessment.	Yes	No
Will this project involve research on or with humans or animal subjects? Does it require Ethics Approval?	Yes	No
Do you require to purchase equipment? If Yes attach an approximate list of equipment and cost.	Yes	No

Requested By (Name)_____ Signature_____ Date_____

Authorization (Supervisor Name)_____ Signature_____ Date_____

Office Use Only: Project Number:_____   Date:_____   ☐ Control Form Needed
☐ Risk Assessment Attached   ☐ Budget Attached   ☐ Database Updated