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)

☐ Electrical / Computer / Telecommunications
☐ Mechatronics
☐ Other, please specify ______________

DETAIL: (Tick 1 box only)

☐ Undergrad Thesis
☐ Postgrad Thesis
☐ 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 there 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