

# School of Electrical, Computer & Telecommunications Engineering

## PROJECT FORM

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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)

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

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**Special Laboratory Access Required**

- 35.132     35.136     35.137     Other: \_\_\_\_\_

Reason for Lab Access: \_\_\_\_\_

**Checklist:**

My project involves more than 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 \_\_\_\_\_

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