1. DETAILS OF PERSON(S) REQUESTING WORK

Name: ___________________________ Email: ___________________________ Phone: ___________________________

Name: ___________________________ Email: ___________________________ Phone: ___________________________

Discipline or Research Group: ___________________________ School: ___________________________

Faculty: (Tick 1 box only)

☐ EIS (Engineering & Information Sciences) ☐ SS (Social Sciences) ☐ SMH (Science, Medicine & Health)

2. CATEGORY (Tick 1 box only)

☐ Undergrad Thesis ☐ Masters Project ☐ Postgrad Thesis

☐ Academic Research ☐ Teaching Lab/Lab Classes ☐ Consulting

☐ Research Labs ☐ Maintenance ☐ Workplace Health & Safety

3. DESCRIPTION OF WORK OR PROJECT TITLE (Attach Drawings)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

4. PROJECT DETAILS (Technical Officer to complete the following section after discussing with person(s) requesting project)

4.1 Student/Research projects require an approved Risk Assessment… Has an RA been completed? Yes ☐ NA ☐

4.2 Are there any additional services required for this project? E.g Compressed air, 415V power, etc Yes ☐ No ☐

Description ____________________________________________________________

4.3 Has lab space been considered for this project? (If applicable) Yes ☐ NA ☐

4.4 What is the estimated project or manufacture time? ________________ (Approx Hrs)

4.5 What is the required completion date? _________________________

4.6 Account number for purchase of materials. (If applicable) ___________________________ Estimated cost __________

Tech Staff Name: __________________________________________________________

5. AUTHORISATION

Supervisor Name: ___________________________ Signature: ___________________________ Date: ___________________________

__________________________________________________________