PROJECT ALLOCATION FORM 2011

Project Number: ____________________________________________________________

Title: ___________________________________________________________________

Project Grant Number to be charged: _________________________________________

Name: ____________________________________________________________________

Student #: ___________________ Email: ________________________________________

Workshop Requirements:

☐ None

☐ Low – Minor equipment modification or sample preparation

☐ Medium – Some experimental equipment to be constructed or modified

☐ High – Significant experimental equipment to be constructed

Note:

1. The Chief Technician should be consulted for all projects with medium or high workshop usage before the project allocation can be finalised.

2. Students who will be working in the labs for their projects are required to attend a general Health & Safety induction session as well as one which is specific to the area which they will be working in. These sessions will be organised in March 2011. Attendance is compulsory.

Brief Description of Project Aims and Techniques (a separate page may be attached if space is not enough):

Supervisor’s Signature: ___________________________ Date: ____________

Chief Technicians Signature (if applicable): _________________ Date: ___________