

1. This section must be completed by the student – *please print neatly.*

COURSE	VENUE	DATE	Select Course (✓)
South Queensland Engineering Link Project (SQELP)	Kings College, Brisbane	25 – 28 June	
Central Queensland Engineering Link Project (CQELP)	Capricornia College, Rockhampton	25 – 28 June	
North Queensland Engineering Link Project (NQELP)	Combined Catholic Colleges, Townsville	15 – 18 July	

Have you attended a TELG course before? Yes No

APPLICANT DETAILS			
Surname		First Name	
Preferred First Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Current School Year	<input type="checkbox"/> Yr 11 <input type="checkbox"/> Yr 12
Postal Address			
Suburb/Town		Postcode	
Student Mobile Ph:		Email:	
School			
What is the single most important factor that influenced your decision to apply for this course:			
<input type="checkbox"/> TELG Website <input type="checkbox"/> Previous experience of TELG course <input type="checkbox"/> Interested in Engineering <input type="checkbox"/> Wanted to see University <input type="checkbox"/> Friend/family member <input type="checkbox"/> School/teacher			
Other (please specify): _____			
Cultural Background	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both		
What has attracted you to apply for this course? (Mention any involvement with engineering related clubs, subjects studied at school, career aspirations, hobbies and interests etc.)			
Do you give permission for TELG to take photos of you for publicity purposes: : <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. This section must be completed by a parent/guardian:

Title (Mr/Mrs/Ms/Dr)		I hereby give permission for the applicant to attend the indicated TELG residential course. I understand that if their application is successful, I am responsible for transportation to and from the course venue. I give permission for the TELG directors to provide reasonable directions to the applicant in accordance with the Course rules. I understand that if the applicant breaks the Course rules, I may be required to collect the applicant from the course at my own expense. I have read the conditions above and fully understand them.
First Name		
Surname		
Address (if different to applicant)		
Home Phone		
Mobile Phone		
		Signature:
		Date:

3. This section must be completed by an authorised representative of the Applicant’s School

Title (Mr/Mrs etc)		Initial(s)		Surname	
Position					
School					
School Postal Address					
Town/Suburb				Postcode	
Telephone					
Email					
As the teacher of the applicant _____, I feel that he/she will benefit from this course because:					

Signature:				Date:	

Course Cost:

\$110 – Accommodation (3 nights, single room), all meals, project materials, resources

Payment Options: <http://www.telg.com.au/Payments.html>

Once completed, this form should be returned to the address below by the dates indicated:

SQELP / CQELP: Closing Date: **Friday 8th June 2012**

NQELP: Closing Date: **Friday 15th June 2012**

Return Address:

Engineering Link Project
 PO Box 3109
 Hermit Park, Qld. 4812

Course Sponsors:

Industry:



University:



Profession:

