

2016 ‘BEHIND THE FENCE’ INDIGENOUS SCIENCE TECHNOLOGY ENGINEERING MATHEMATICS EDUCATION PROGRAM

The 2016 ‘Behind the Fence’ Science Technology Engineering Mathematics (STEM) Indigenous program held during National Science Week on the 17th August 2016 will provide 50 Adelaide Indigenous high school students (Year 9 to year 12) currently studying STEM related subjects with an insight into Defence Science and Technology (DST).

The program will provide an opportunity for DST to showcase the various career opportunities available to students if they were to continue their studies at a university level.

The program will commence at the University of South Australia Mawson Lakes campus where the students will have a one hour university experience, which will include information around studying STEM at university and a short lab tour. Students will then be taken to DST Edinburgh and the Royal Australian Air Force Base Edinburgh where they will be encouraged to participate in activities.

 *All information you provide will remain confidential, and used solely for program implementation,*

*monitoring and evaluation purposes.*

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| Personal Details |

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: / /

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb and Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male / Female

Telephone Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current High School and Year Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you of Aboriginal and/or Torres Strait Islander Descent: YES / NO

Do you have a disability: YES / NO

Can you tell me, or willing to discuss your disability: YES / NO

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|  Interest in STEM  |

Do you have interest in studying STEM and/or interested in the career opportunities within DST?

If yes, please specify (e.g. current study or future plans, family members work in STEM fields, or you may just have an interest at this point etc.)

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Do you study a STEM related discipline at present?

If yes, please specify which discipline and your motivation for electing this?

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Have you undertaken any other studies related to Science and Technology? YES / NO

If yes, please provide further details (e.g. course name, area of study, experience relevant to DST Group’s)

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If not currently studying STEM related courses, is your goal to enrol and start in the future? Y/N

If yes, please provide any details or questions you would like clarified and/or answered?

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Are you interested in attending university? If so, would you enrol in STEM related courses?

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| Health |

Do you have any health issues? **YES / NO**

If yes, please list them below:

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Do you take medication for any of these? **YES / NO**

If **YES** please tell us what you know about your health problems and what medications you are taking to fix or help these problems and if it may effect your job performance, attendance etc.

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| Dress Standards |

Dress for the day will be your sports uniform and **you must** have enclosed footwear or you may be refused entry on base.

It is important to note, the schedule of the day will involve a lot of walking and movement between sites and activities, as such, we want you to be comfortable and in a position to enjoy and make the most of the opportunity.

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| Dietary Requirements  |

Please advise of any specific dietary requirements (e.g. vegetarian, allergies, etc.) you may have:

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| Approval/Authorisation |

 I certify that the information I have provided on this form is true and correct, and I consent to the information I have provided being used for the purposes of implementing, monitoring and evaluating the program.

Participant full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /

*If under 18 years of age parents/guardians need to complete below information*

I certify that the information provided on this form is true and correct, and I consent

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please write in your child’s name)*

participating in the 2016 ‘Behind the Fence’ Program.

Parent or Guardian’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /