

Unpaid Work Experience Registration Form

Medical School Student Research

IMPORTANT INFORMATION

HOW TO USE THIS FORM

1. Use this form for seeking UQ approval for unpaid short-term research experiences.
2. Prior to commencement of experience, student should:
 - a. read and complete all details,
 - b. follow directions below for obtaining required signatures, and
 - c. submit fully signed for to Director of MD Student Research.

UQ TERMS AND CONDITIONS

- The student must be enrolled in a UQ Program for the duration of the activity.
- The research experience must be relevant to the student's education.
- The host institution must supervise the student on site and provide appropriate training and instruction to the student about work health and safety.
- The student, host organisation and UQ Authorised Person must sign this application prior to the commencement of the experience.
- Insurance cover will only apply to work or research experience undertaken with documented UQ approval.
- Currently enrolled UQ students who have approval from UQ to undertake unpaid work experience (including short term research experience) are covered by various UQ insurance policies for the duration of that work experience, including public liability, professional indemnity, medical malpractice (where relevant) and personal accident.

- For more information on insurance coverage, UQ students and staff can visit [Insurance Service's webpage](#). Host organisations, please contact the Director of MD Research for insurance details at studentresearch@uq.edu.au.

STATUTORY REQUIREMENTS

The [Education \(Work Experience\) Act 1996 \(Qld\)](#) applies to this work experience. Conditions imposed by the Act include:

- work experience is not a mandatory or assessable component of an enrolled course;
- the work experience arrangement must be made before the student starts a work experience placement;
- if the student is a minor – a parent of the student must give written consent to the arrangement;
- **the student must not receive work experience for more than 30 days (240 hours) in a year.**
- the host institution must not provide work experience to more than the permitted number of students at the same time;
- the host institution must not provide work experience to the student at a time other than during the ordinary working hours of the place where the work experience is provided; and
- the student must not be paid for work experience.

**PLEASE NOTE: INFORMATION MUST BE TYPED (NOT HANDWRITTEN). SIGNATURES CAN BE DIGITAL OR HANDWRITTEN.
ALL SECTIONS OF THE FORM MUST BE COMPLETED.**

SECTION 1: STUDENT DETAILS

Name:	Student Number:
Address:	Post Code:
Email:	Current Date:
Current Program:	Current Year in Program:

SECTION 2: HOST ORGANISATION: Where your research is located e.g., Research Centre, Institute, Hospital Clinical Unit, etc.

Organisation Name:	
Organisation Address:	
Phone:	Email:

SECTION 3: EXPERIENCE DETAILS

Number of hours of unpaid work experience you have ***already undertaken/approved*** in the current calendar year (i.e., same year as this work experience)?

- **Any unpaid work experience cannot exceed 240 hours in one calendar year**

Total number of hours of this **new** work experience:

NOTE: If your planned work experience will extend over two calendar years

What is the total number of hours in 2024? Approx Hours:

Dates (month/year):

What is the total number of hours expected in 2025 (if applicable)?

Hours: Dates (month/year): to

Title/Description of Project and activities and tasks to be undertaken:

Learning objectives: (List all learning objectives of this research experience)

Location of research experience (Where will you undertake **most** of your research? Or remotely?)

Supervisor Name:

Supervisor Signature:

Supervisor Email:

Supervisor Location (Centre, Institute, Clinical Unit):

SECTION 4: AUTHORISATION: (Delegate of the Host Organisation can be the Unit Manager, Research Manager or Supervisor, etc.)

UQ Student

I understand and agree with the above conditions.

Head of Host Organisation or delegate

I understand and agree with the above conditions in behalf of the Host Organisation (Centre, Institute, Clinical Unit, etc)

Signature:

Signature:

Print Name:

Print Name:

Date:

Date:

Once fully completed, email this signed form to the Director of MD Student Research at med.medsch@uq.edu.au

The fully signed and approved form will be returned to the student and supervisor.

Name this file as: Student's "surname_calendar_year_student_work_experience_research"

UQ APPROVAL

Medical Dean or Delegate: I certify that the work experience is relevant to the student's education and approve the work experience for the specified period.

Name: Professor Stuart Carney

Signature:

Position: Dean, Medical School

Date: