



Personal Learning & Development Term

Project Elective Proposal

Student Information

- **Name:**
- **Student ID:**
- **Email:**
- **PLC Block:**

Project Elective Details

- **Discipline Area** (e.g. paediatrics, public health, etc.):
- **Research Supervisor:**

- **Name:**
- **Title/Position:**
- **Institution/Department:**
- **Email:**
- **Phone Number:**

- **Institution (if applicable):**

- **Name:**
- **Location:**
- **Department:**

- **Elective duration:**

- **Start Date:**
- **End Date:**
- **Total Duration (weeks):**



Project Information

- **Project Title:**

- **Brief Description of the Project:**

- (Provide a short overview of the research question, objectives, and significance of the study – what you will investigate and why is this important)

- **Research Methods:**

- (Describe the research design, methodology, and any specific techniques or tools that will be used – e.g. systematic review, literature review, data collection via surveys, etc.)

- **Expected Outcomes:**

- (Outline the anticipated results and their potential impact – e.g. introduction of a future manuscript for publication, preparation of abstract for submission to a future conference, etc.)



- **Student's Role and Responsibilities:**

- (Detail the specific tasks and responsibilities the you will undertake during the elective – e.g. conduct database search, article screening, data collection, analyses, write up of research findings, etc.)

Learning Objectives

- **Primary Learning Objectives:**

- (List the main skills and knowledge that you aim to gain during the elective – e.g. increase understanding of the research process, data analyses skills, academic writing skills, etc.)

- **Secondary Learning Objectives:**

- (Include any additional goals related to personal or professional development)



Ethical Considerations

- **Ethical Approval:**

- (State whether ethical approval is required and, if so, provide details of the approval status or process – e.g. no ethics approval required for lit review / secondary data analyses, amendment of ethics approval required and in process, etc.)

Additional Information

- **Any Additional Comments or Information:**

Confirmation

Student

Supervisor

Name

(full name)

Signature

(required)

Date

(dd/mm/yyyy)