

**MCN UNDERGRADUATE STUDENT RESEARCHER
PROJECT ASSESSMENT FORM**

PQMS3-MCN-FRM-0011-V1

Overview

Supervisors of undergraduate students working in the MCN laboratories are reminded that it's their responsibility to ensure that the students are inducted and provided with the necessary instruction, information and training to carry out their research work safely.

Undergraduate access the MCN will generally be subject to the following:

- Completion of the MCN new user facility induction package
- Normal laboratory working hour access (i.e. 8:30am – 6pm, Monday to Friday);
- MCN staff will train and supervise students to competency on MCN tools only;
- Students will not generally be permitted to perform laboratory activities after hours;

The academic supervisor will be directly liable for

- OHS outcomes and
- Equipment / facility damage

As outlined in the MCN Undergraduate Laboratory Access Policy ([PQMS1-MCN-POL-0033-V](#)).

MCN Access Fob

Under certain circumstances, an MCN FOB may be issued to undergraduate students to facilitate ease of access to laboratories (supervised) and their supervisors

Authorisation to issue a fob (MCN Director or EHS Manager) **Yes / No**
 _____ / _____ / _____

Research Plan and Supervision

A Research Plan for Undergraduate students is an agreement between the student and their Academic Supervisor to define expectations for the research experience. The plan should include the following:

1. Defined knowledge and/or skills to be developed by the student during the project.
2. Supervisory structure for laboratory activities (e.g. supervised by a graduate student or post-doc associated with the academic supervisor).
3. Progress monitoring and feedback process
4. Defined time frame for the experience.
5. Expected laboratory contact hours/week for the project

Project Title: _____

Project Duration: _____ / _____ / _____ **to** _____ / _____ / _____

Expected hours/week: _____ **Location:** MCN

Student Details:

Student Name:

Date:

Email address:

Phone number:

Affiliation (e.g. University etc):

Academic Supervisor Details:

Primary Supervisor's Name:

Email address:

Phone number:

Affiliation (e.g. University etc) :

Practical Supervisor Details:

Practical Supervisor #1 Name:

Email address:

Phone number:

Practical Supervisor #2 Name:

Email address:

Phone number:

Practical Supervisor #3 Name:

Email address:

Phone number:

Project Summary:

Please give a short description of the project goals? Provide, where possible, specific process details and any MCN (or other) instrumentation requirements.

Project Summary ...

Project Training Requirements:

Project Supervision Assessment	
(A) The task must be directly supervised	
(B) The supervisor's advice and approval must be sought before the task is started	
(C) The work entails risks which require careful attention to the safety related aspects of it. The student has been trained in the task and has demonstrated competence	
<p>It is anticipated that only Category's (A) and (B) can be identified initially. Re-categorization during the project can occur with demonstrated proficiency (i.e. including category (C)).</p>	

Please identify (where possible), what MCN training will be required for this student

MCN Equipment	Trainer (e.g. MCN Staff member)	Training Category

Non-MCN Equipment or Process	Training Category (A, B or C)	Nominated Trainer	Reviewed Category	Review Date	Reviewed By

Supervisor's signature:	Date
Student's signature having read this form:	Date
MCN EHS Manager Signature	Date

Document End