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| OFFICE USE ONLY | IE | Year/Number | Initials |
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| Please refer to the *Research and Evaluation at SDN Guidelines* when completing this form(available at www.sdn.org.au) |

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| TITLE OF THE PROJECT |
|       |
| LEAD APPLICANT DETAILS |
| Name  | Position | Institution |
|       |       |       |
| Address | Contact number/s |
|       |       |
| OTHER APPLICANTS DETAILS*List the names, position, qualifications and research role of others involved as researchers.**If you will be in contact with children, then you will need a NSW Working with Children Check or an ACT Working with Vulnerable People Registration before you can start. Please refer to the Research and Evaluation at SDN Guidelines for more details.* |
| Name | Position | project role |
|       |       |       |
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|       |       |       |
| project DETAILS |
| Brief description of the project *Approximately 50 to100 words. Provide a brief summary of your project, including what question you are trying to answer or problem you want to solve or better understand.* |
|       |
| project DETAILS |
| Overview of the project *Approximately 1 to 2 pages. Clearly provide a justification for the project, the purpose of the project, and the questions you hope to answer.* |
|       |

*This Expression of Interest to Conduct Research or Evaluation at SDN Form must be submitted to the:*

Executive Assistant (EA) to the Head of Communications

c/- SDN Children’s Services

PO Box 654, Broadway NSW 2007

Tel: 9213 2528 Fax: 9213 2401

*Please note that only Expressions of Interest which are formally supported by a member of the SDN Senior Leadership may move onto the formal application process.*

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| OFFICE USE ONLY |
| Expression of Interest received by (name and signature) | Date of receipt |
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| SUPPORTED by sdn senior leadership team member |
| Name and signature of SLT Member | Date signed |
|       |       |
| Supporting statement by SLT member |
|       |