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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.* | | |
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*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 |
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| Supporting statement by SLT member | |
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