MELBOURNE CENTRE FOR NANOFABRICATION UNDERGRADUATE STUDENT RESEARCHER PROJECT ASSESSMENT FORM

PQMS3-MCN-FRM-011-V2

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

- Completion of the MCN new user facility induction package (complete)
- 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;
- Students will not be permitted to work on high risk processes (e.g. HF acid)

The academic supervisor will be directly accountable for

- OHS outcomes and
- Equipment / facility damage

as outlined in the MCN Undergraduate Laboratory Access Policy.

MCN Access Fob

Under certain circumstances, an MCN FOB may be issued to Monash University undergraduate students to facilitate ease of access to

(i) MCN offices ONLY (i.e. hot desks) or
(ii) MCN Laboratories and offices (requires authorization below)

Do you wish to apply for FOB access	No	Office Access Only	Lab and Office Access
	☐	☐	☐

Authorisation to issue a Laboratory and Office 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 the expectations for their 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. training and supervision 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: _____

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 (fully) 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 to undertake the work independently
It is anticipated that only Category's **(A)** and **(B)** will apply initially. Re-categorization during the project can occur with demonstrated proficiency (i.e. including category **(C)**).

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