

SCHOOL OF PHYSIOTHERAPY

Faculty of Medicine Dentistry and Health Sciences



THE UNIVERSITY OF
MELBOURNE

Physiotherapy 1 Research Project Participation

Student Name _____

Project Title _____

Chief Investigator _____

Supervisor of Participation _____

Is this the first or second of your research projects? 1st / 2nd

Dates of participation _____

Times of participation _____

Student to provide a brief description of activities performed:

Supervisor's signature _____ Date _____

Student's signature _____ Date _____

IMPORTANT: Please return completed form to **Box 5** at reception. Forms will not be accepted over the counter!