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|  | Project proposal  Learning projects |

This form can be completed electronically; however, all signatures must be handwritten.

# **PART A:** **Applicant to complete**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant details | | | | | | | | | | | | | |
| Family name |  | | | | | **Date of birth** (dd/mm/yyyy) | | | | |  | | |
| Given name/s |  | | | | | | | | | | | | |
| LUI |  | | | | | Year | | Yr 10  Yr 11  Yr 12 | | | | | |
| Address |  | | | | | | | | | | | | |
|  |  | | | | | | | Postcode | |  | | | |
| Email |  | | | | | | | Phone | |  | | | |
| Main learning provider/school | | |  | | | | | | | | | | |
| Learning project details | | | | | | | | | | | | | |
| Type of learning project | | | Workplace  Community  Self-directed | | | | | | | | | | |
| Project title |  | | | | | | | | | | | | |
| This is a: | new learning project  resubmitted learning project | | | | | | | | | | | | |
| Workplace learning project only | | | | | | | | | | | | | |
| I am currently employed at/by: | | |  | | | | | | | | |
| Community learning project only | | | | | | | | | | | | |
| I am currently a member of/volunteer for: | | | |  | | | | | | | | |
| as: | | | |  | | | | | | | | |
| I am undertaking work experience under a re-engagement strategy:  Yes  No   (If Yes, attach a copy of the re-engagement plan and the work experience contract.) | | | | | | | | | | | | |
| Applicant declaration | | | | | | | | | | | | | |
| I declare that my proposed learning project is my own work, and is **independent** of any structured course of study offered by a school, employer, community or training organisation. I accept the responsibility for planning, implementing and completing this learning project according to the guidelines provided by the QCAA. I agree to notify my mentor/sponsor/employer/community representative if I am unable to complete this project. | | | | | | | | | | | | |
| Signature of applicant | |  | | | | | Date | |  | | | |
| QCAA office administration | | | | | | | | | | | | | |
| Project code |  | | | | Delegate code | | | |  | | | |

# PART B: Applicant’s parent or carer to complete

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent or carer details | | | | | | | | | |
| Family name | |  | | | | | | | |
| Given name/s | |  | | | | | | | |
| Address | |  | | | | | | | |
|  | | | | | Postcode | |  |
| Email | |  | | | | | | | |
| Phone | |  | | | | | | | |
| Relationship to applicant | | | | Parent  Carer | | | | | |
| Parent or carer declaration | | | | | | | | | |
| I give consent for | | |  | | | [name of applicant] | | | |
| to take part in this learning project. | | | | | | | | | |
| I endorse |  | | | | | [name of nominated mentor] | | | |
| as the mentor for this project. | | | | | | | | | |
| Signature of parent or carer | | | | |  | Date | |  | |

## PART C: Mentor to complete

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mentor details | | | | | | | | | | |
| Family name |  | | | | | | | | | |
| Given name/s |  | | | | | | | | | |
| Address |  | | | | | | | | | |
|  | | | | | | Postcode | | |  |
| Email |  | | | | | | | | | |
| Phone |  | | | | | | | | | |
| Contact school (if applicable) | | | |  | | | | | | |
| Blue card or exemption details | | | | | | | | | | |
| **Note**: All adults working with young people under the age of 18 years must hold a valid blue card issued by the Commission for Children and Young People and Child Guardian. Teachers, adults with parental responsibility for the applicant, an employer and fellow employees (in a workplace context) are exempt from this requirement. | | | | | | | | | | |
| Blue card registration no. | | | |  | Expiry date | | |  | | |
| or Teacher registration no. | | | |  | | | | | | |
| or Other exemption | | | | Parental responsibility  Employer or fellow employee | | | | | | |
| Mentor declaration | | | | | | | | | | |
| I agree to act as mentor for | | |  | | | | | | [name of applicant] | |
| for the duration of this learning project.  As the mentor for this project, I agree to:   * provide support, encouragement and advice to the applicant in the development of their learning project * work with the applicant to complete the self-assessment response in the Evidence of learning form * disclose whatever assistance I provided in the development of the learning project proposal and the evidence of learning * (Community learning project only) accompany the applicant to at least one meeting with the community organisation during the development of the learning project proposal * (Workplace learning project only) accompany the applicant to at least one meeting with the employer during the development of the learning project proposal. | | | | | | | | | | |
| Signature of mentor | |  | | | | Date |  | | | |

## PART D: Sponsor to complete

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sponsor details | | | | | |
| Family name |  | | | | |
| Given name/s |  | | | | |
| Organisation |  | | | | |
| Position held |  | | | | |
| Address |  | | | | |
|  | | | Postcode |  |
| Email |  | | | | |
| Phone |  | | | | |
| Sponsor declaration | | | | | | |
| I agree to act as sponsor for this learning project.  I agree to provide an administrative link between the applicant; their community, workplace or self-directed learning context; and the QCAA as the certification agency.  (Self-directed learning project only) I undertake to provide the appropriate health and safety training to the applicant before the project begins. | | | | | | |
| Signature of sponsor | |  | Date |  | |

# PART E: Workplace or community learning projects only — Employer or community representative to complete

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer or community representative details | | | | | | | | | | | |
| Family name | |  | | | | | | | | | | |
| Given name/s | |  | | | | | | | | | | |
| Employer/organisation | | |  | | | | | | | | | |
| Position held | |  | | | | | | | | | | |
| Address | |  | | | | | | | | | | |
|  | | | | | | Postcode | | |  | |
| Email | |  | | | | | | | | | | |
| Phone | |  | | | | | | | | | | |
| Blue card or exemption details | | | | | | | | | | | | |
| **Note**: All adults working with young people under the age of 18 years must hold a valid blue card issued by the Commission for Children and Young People and Child Guardian. Teachers, adults with parental responsibility for the applicant, an employer and fellow employees (in a workplace context) are exempt from this requirement. | | | | | | | | | | | | |
| Blue card registration no. | | | |  | | Expiry date | | |  | | | |
| or Teacher registration no. | | | |  | | | | | | | | |
| or Other exemption | | | | Parental responsibility  Employer or fellow employee | | | | | | | | |
| Employer or community representative declaration | | | | | | | | | | | | |
| I agree to act as:  employer  community representative | | | | | | | | | | | |
| for |  | | | | | | | [name of applicant] | | | |
| for the duration of this learning project.  I verify that:   * I have considered the workplace health and safety requirements and identified any potential risks associated with the applicant’s participation in the learning project, given their age and relevant experience * I undertake to provide the appropriate workplace health and safety training to the applicant before the project begins * I agree to provide opportunities for the applicant to undertake a range of experiences that will develop the identified skills listed in Part F, Section 2 * I agree to offer support and assistance to the applicant as described below: | | | | | | | | | | | |
| * I give permission for the QCAA to report on my behalf. The name of the organisation to be recorded on the Senior Statement is: | | | | | | | | | | | |
| Signature of employer or community representative | | | | |  | | Date | | |  | |

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# PART F: Applicant to complete

| Learning project ideas and goals | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Answer the questions in this section to describe your learning project ideas and the goals you hope to achieve.  For help, refer to the relevant learning project documents on the QCAA website: [www.qcaa.qld.edu.au/3182.html](http://www.qcaa.qld.edu.au/3182.html) | | | | | | | | | |
| 1. Learning project information | | | | | | | | | |
| Project title: | | |  | | | | | | |
| Brief description of your learning project | | |  | | | | | | |
| Describe how you developed the ideas for this individual and unique learning project. | | |  | | | | | | |
| 2. For each of the employability and lifelong learning skills, answer questions (a) and (b). (Refer to Section G on page 8 for information on these skill sets.)  These responses will help you complete Part C of the Evidence of learning form —  Self-assessment response. | | | | | | | | | |
| Employability and lifelong learning skills | (a) What skills do you currently have? | | | | | (b) What skills will you need to develop throughout the learning project and how will your project help to develop these skills? | | | |
| Capacity to work independently (community and  self-directed) |  | | | | |  | | | |
| Communication |  | | | | |  | | | |
| Initiative and enterprise |  | | | | |  | | | |
| Planning and organising |  | | | | |  | | | |
| Problem solving |  | | | | |  | | | |
| Self-management |  | | | | |  | | | |
| Teamwork (community and workplace) |  | | | | |  | | | |
| Technology |  | | | | |  | | | |
| 3. Additional skills | | | | | | | | | |
| What additional knowledge and skills do you hope to achieve in this project? | |  | | | | | | | |
| 4. Planning — 10 hours | | | | | | | | | |
| Provide the details of how you are going to plan the 10 hours for implementation of your project.  This information is also recorded in your learning log. (Refer to Part B: Section 1 of the *Evidence of learning form*.) | |  | | | | | | | |
| 5. Implementation — 45 hours | | | | | | | | | |
| Provide the details of what you will do to implement your plan.  This information is also recorded in your learning log. | |  | | | | | | | |
| 6. Resources for implementation | | | | | | | | | |
| What resources will you need to implement your project, e.g. computer, internet, safety induction. | |  | | | | | | | |
| 7. Evidence of learning | | | | | | | | | |
| How do you plan to collect evidence of your learning?  Evidence is collected as a folio for submission to QCAA. | |  | | | | | | | |
| 8. Project completion | | | | | | | | | |
| Time | | Planning | | | 10 hours | | | Yes ☐ | No ☐ |
|  | | Implementation | | | 45 hours | | | Yes ☐ | No ☐ |
|  | | Total | | | 55 hours | | | Yes ☐ | No ☐ |
| When do you anticipate completing your project? | | Month | |  | | | Year |  | |
|  | | **Note:** Your project must be completed within 18 months of QCAA approval, and by the end of Term 3, Year 12. | | | | | | | |

## PART G: Employability and lifelong learning skills

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| --- | --- | --- | --- | --- |
| Learning project skill sets | | | | |
| These are the skill sets to be developed in each learning project context. | | | | |
| Employability and lifelong learning skills | | Community | Self-directed | Workplace |
| Capacity to work and learn independently | Understand and apply new knowledge and information. |  |  |  |
| Communication | Communicate effectively with others using a range of spoken, written, graphic and other nonverbal means of expression. |  |  |  |
| Initiative and enterprise | Be resourceful in seeking and applying knowledge, information and the translation of ideas into actions, in ways that contribute to innovative outcomes. |  |  |  |
| Planning and organising | Plan and organise one’s own work activities; make good use of time and resources; sort out priorities and monitor performance; set goals; locate, sift and sort information in order to select what is required and present it in a useful way; manage time and priorities; be resourceful. |  |  |  |
| Problem solving | Apply problem-solving strategies in purposeful ways to achieve an outcome in situations where the problems and solutions are evident, as well as in new or creative ways. |  |  |  |
| Self-management | Manage workload and effort and develop strategies for time management so that tasks are completed within the required time frame and to the necessary standard. |  |  |  |
| Teamwork | Interact effectively with others one-to-one and in groups, understanding and responding to the needs of a client and working effectively as a member of a team to achieve a shared goal. |  |  |  |
| Technology | Apply technology and/or operate equipment to manage routine or non-routine tasks more effectively. |  |  |  |

## PART H: Mentor to complete

|  |  |  |  |
| --- | --- | --- | --- |
| Mentor’s statement of involvement in proposal | | | |
| Outline the assistance given to the applicant in the development of this proposal. | | | |
|  | | | |
| Mentor declaration | | | |
| I verify that I have outlined all assistance I have given to the applicant in the development of this proposal. | | | |
| Signature of mentor |  | Date |  |

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| --- |
| Submitting your proposal |
| Check that Parts A to G have been completed, signed and dated.  Pass the proposal and any associated documents to your sponsor.  Ask your sponsor to mail the completed learning project proposal to:  Queensland Curriculum and Assessment Authority  Quality Assurance Unit  PO Box 307  Spring Hill QLD 4004 |