

RESEARCHER EDUCATION



Full Module Enrolment 2011

STAFF MEMBER TO COMPLETE

I wish to enrol in the full module of the Exploring Supervision Program.

Name: _____

School: _____

Staff ID: _____ Phone: _____

Email: _____

Signature: _____

Date: _____

HEAD OF SCHOOL TO COMPLETE

I have discussed with the staff member both the workload implications of undertaking the Exploring Supervision program and her/his prospects for HDR supervision upon completion of the program, and I approve this application. I understand that participation in the Program is at no cost to the School.

Name: _____

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:

Researcher Education & Development, Adelaide Graduate Centre DX 605-202
or by fax to 830 35725, attention Lea McBride
or by email to researchereducation@adelaide.edu.au

