

Mathematics and Statistics

RESEARCH COMPETITION



Declaration Form

This form will ask you to provide personal information. Please refer to our Privacy Collection Notice for how your personal information will be collected and processed.

LINK: <https://go.unimelb.edu.au/h6ae>

or QR Code



SECTION A - School Details

School/College _____

AU State or NZ _____ Postcode _____

SECTION B - School Contact Declaration

On behalf of the School, the school contact must make the following declarations:

- The School believes that this project is the sole product of the students.
- The School believes the project has not been entered into any other competitions.
- The School understands that the final submitted project may be seen by the public.
- The School understands that the University of Melbourne may publish the project and related productions on their website for promotional purposes.
- The School understands that the University of Melbourne may publish the name of the school and of the Finalist teams/students.
- I have read and understood the privacy collection notice.

Signature _____ Date _____

Name _____ (Please PRINT your name)

Email _____

SECTION C - Team Details

All students in the team must make the following declarations:

- This project is my/our own work.
- The project has not been entered into any other competitions.
- I understand this project may be used for non-commercial purposes (e.g. displayed at an event).
- I have provided references to other people's work where appropriate.
- I have read and understood the privacy collection notice.

All students in the team must provide their details and signature.

Student 1 (the Corresponding Author)

The Corresponding Author must provide a contact email address.

Signature _____ Date _____
Name _____ (Please PRINT your name)
Email _____
Gender* Girl Boy Non-binary Prefer not to say

Student 2 (if applicable)

Signature _____ Date _____
Name _____ (Please PRINT your name)
Email _____
Gender* Girl Boy Non-binary Prefer not to say

Student 3 (if applicable)

Signature _____ Date _____
Name _____ (Please PRINT your name)
Email _____
Gender* Girl Boy Non-binary Prefer not to say

*Optional.