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| **Project title** |
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| **Project leader** | |
| Name |  |
| Course |  |
| Year |  |
| School |  |
| Email address |  |
| Phone number |  |
| Student ID |  |

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| **5 key questions about your idea** | | |
| 1 | What needs changing? |  |
| 2 | In order to make this change happen what do you need to find out? |  |
| 3 | How would you find out this information? |  |
| 4 | What would you produce using this information to help make the change? |  |
| 5 | How will this benefit students beyond this year? |  |

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| **Other team members** | |
| Which member of staff is supporting your project? |  |
| Please list the names, courses and email addresses of other students involved in the project? |  |

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| **Notes** | |
| Is there anything else you would like to tell us about your project? |  |