Annex G

HSSRP STUDENT UNDERTAKING AND PARENTAL CONSENT FORM

This application is for HSSRP for the year of _____.

Name of Student: _____

School _____

PART 1: APPLICANT UNDERTAKING

1. I understand that it is a privilege to participate in the HSSRP and be guided by an expert-mentor, and I affirm my interest in and commitment to the HSSRP.
2. I understand that HSSRP requires at least 60 hours of independent work.
3. I have **at least 1 weekday afternoon free** to meet my mentor and/or to work on my research project.
4. I am prepared to meet my Expert-Mentor **at least 3 times** to discuss my project and I will make good use of the library facilities to do my research.
5. I shall keep my Expert-Mentor and Teacher-Mentor informed of the progress in my work by uploading a progress report for each meeting I have with the Expert-Mentor.
6. I shall meet all the deadlines given by my Expert-Mentor and teacher-mentor.
7. I shall attend all the HSSRP events and workshops as well as present my project at the HSSRP Project Review and Symposium.
8. I shall complete my research project to the best of my ability.
9. I have read and understood the Plagiarism Pledge.

Plagiarism Pledge
Plagiarism is the use of the work done by others without acknowledging the source. This act is tantamount to intellectual theft. As a HSSRP participant, I pledge that I would acknowledge all sources of information used in my work. I am aware that I would have to withdraw from the HSSRP immediately if I am found to have committed plagiarism. In addition, I may be subject to disciplinary action from my school.

10. I understand that the research proposal, presentation and paper that I have completed for the HSSRP may be used for teacher training purposes/placed on the MOE and/or HSSRP website as exemplars.
11. I understand that I may be photographed and video-taped at the HSSRP mentorship sessions.
12. I understand that if I am selected for HSSRP and subsequently decide to withdraw, I will not be able to participate in the programme the following year unless I am able to provide a valid reason at the time of the withdrawal. I am also aware that I may be asked to withdraw from the programme if I am not able to meet the requirements of the programme or if I have acted in a manner which brings disrepute to the programme.
13. I understand that participation in the HSSRP does not automatically qualify me for the Certificate of Participation. The Certificate of Participation is only awarded to participants who have met the requirements of the programme and the approval of the HSSRP Committee, Gifted Education Branch.
14. I understand that my research paper will only be published if it has been found to be commendable by the HSSRP Organising Committee.
15. I declare that I have not participated in the HSSRP previously.

Signature of Student: _____ Date: _____

PART 2: PARENTAL CONSENT

I allow my child/ward to participate in the Humanities and Social Sciences Research Programme (HSSRP) and understand that he/she needs to fulfil the requirements of the programme if he/she is selected to receive a certificate of participation.

I understand that my child/ward would be required to attend HSSRP mentorship sessions outside school, **unaccompanied by a school teacher**.

I understand that the research proposal, presentation and paper completed by my child/ward may be used for teacher training purposes/placed on the MOE and/or HSSRP website as exemplars.

I **allow / do not allow* my child/ward* to be photographed and video-taped at the HSSRP sessions.** I understand that the recordings and pictures may be used for the purposes of educational purposes as well as publicity purposes deemed appropriate by the Gifted Education Branch.

**Please circle to indicate your choice.*

Name of Parent/Guardian: _____

Relationship to Student: _____

Contact Nos. (Home/HP): _____

Email: _____

Signature of Parent/Guardian: _____

Date: _____

Annex G