

Dr Sandra Gardam Program Manager Superstars of STEM Science and Technology Australia

As the employer of **Ms Jessica Veliscek Carolan**, this letter is to certify that we support her application to participate in the Superstars of STEM program from January 2021 - December 2022 and would actively support her participation in the program.

[Y We acknowledge that, if selected, this program will provide invaluable, government funded, professional development opportunities to our employee and we agree to support the employee to fully participate in all aspects of the program including media opportunities as part of their ordinary work hours. We acknowledge the significant opportunity and contribution made available to our employee through her participation.

We agree to support the employee's participation in the following capacity:

We will support the employee through the provision of time away from work to:

participate in the compulsory training workshops and professional development opportunities,

[Y participate in one mentoring meeting per month either in person or virtual,

[* take up media opportunities that arise as a Superstar of STEM,

[X conduct a speaking tour of at least three and up to five of their local high schools.

We will support the employee to the best of our ability to participate in other opportunities that arise during the program including, media opportunities, social media and speaking at public, corporate or Government events.

[We acknowledge that a stated aim of the program is to raise the public profile of our employee both within and beyond the duration of the program. We will support our employee to the best of our abilities achieve this.

[YOur PR/marketing/media team agrees to work with STA to help raise the public and media profile of our employee.

Please note, selection into the program is not dependent on this additional support:





[We will also support the employee with time and/or travel costs to attend other networking or professional development opportunities that arise over the course of the program.

The employee's participation fee in the program will be:

[Y Funded by us, the employer

[] At their own expense and/or applicant has applied for a scholarship

Signed SHall
Printed name DR SUZANNE HOLLINS
Position HEAD OF RESEARCH
Date II November 2020