**Virtual STEM Insight Week October 2020**

**Section A – Personal Details**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Gender (how you identify) |  |
| Home address |  |
| Contact telephone number |  |
| Email address\* |  |
| School email address\*\* |  |
| School/college currently attending |  |

\*For use outside of school time

\*\*This may be used for your login details.

|  |
| --- |
| Do you have any accessibility issues or disabilities that we may need to take into consideration for the online experience? |
|  |
| Do you have access to a computer or a device capable of using Zoom or Microsoft Teams? (answering no, will not affect your application) |
|  |

**Virtual STEM Insight Week Online Safety Agreement**

The event will be held online via Zoom or MS Teams.

The following guidelines will be followed for safeguarding purposes.

STEM employers and Science Oxford staff will:

* have 2 DBS-checked Science Oxford staff present on each call.
* ensure there will be no 1:1 engagement.
* ensure no STEM employer will contact students outside the prearranged meetings using these online tools.
* use professional language, dress and behaviour throughout the call.
* ensure that their background is appropriate.
* disable the private chat and screen share function for students.
* be the last to leave the call.

Students will:

* use appropriate language and behaviour throughout the call.
* ensure that they are dressed appropriately and that their background is neutral or that their camera will be switched off.
* ensure that an appropriate adult is nearby.
* not attempt to contact STEM employer volunteers via this platform.
* not record any of the material from the STEM Insight Week.

We expect reasonable behaviour from participants at all times. We reserve the right to remove participants from the week if these requirements are not met.

**Parent or Guardian Agreement**

**I………………………………(Parent name) hereby consent to………………………….(student name) taking part in the virtual STEM Insight Week scheme run by Science Oxford, and if successful in their application, I am aware that they will be required to abide by the terms and conditions set out in the online safety agreement above.**

**In signing this agreement, I am also aware that Science Oxford is the facilitator of the virtual visits and not the visit host. I understand that all reasonable risk and safeguarding checks have been made with the organisations taking part, as per Science Oxford’s policy.**

**Name…………………………. Contact telephone number……………….**

**Signed………………………… Date……………………**

**Section B – To completed by the student**

|  |  |
| --- | --- |
| Which subjects and qualifications are you currently studying? |  |
| What do you like studying at school and what do you want to do when you leave school? | |
|  | |
| What are you hoping to get out of the STEM Insight Week? | |
|  | |
| What do you enjoy doing out of school? | |
|  | |
| Can you tell us one science fact or a question that has always interested you? | |
|  | |
| How does the current Covid-19 situation make you feel about Science? | |
|  | |

**Section C – To be completed by the teacher**

|  |  |
| --- | --- |
| Name of teacher |  |
| Position within school |  |
| Telephone number |  |
| Email address |  |

|  |
| --- |
| Personal reference for the student |
|  |
| Is the student in receipt of pupil premium? |
|  |

**Please return completed forms in Word format to** [**STEMcareers@scienceoxford.com**](mailto:STEMcareers@scienceoxford.com)