**Application form for Year 10 Science Experience Week**

**3rd – 7th July 2017**

**Sections A, B and D should be completed by the student then the form should be passed on to your teacher/lecturer who will need to complete sections C and E.**

**Applications received after the deadline will not be considered.**

Please provide as much detail as possible about why you want to apply for a place on the programme.

Please type your details onto the form or alternatively write clearly and legibly using black ink

**The deadline for applications is: 5pm on Friday the 10th of February 2017**

Successful students will be informed of their place by Monday the 20th of February 2017

All applications should be submitted either by email to stemwow@scienceoxford.com

Or by post to: Katie Yates

Science Oxford  
 Oxford Centre for Innovation  
 New Road  
 Oxford  
 OX1 1 BY

**Section A – Personal Details**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Male or Female |  |
| Permanent Address |  |
| Contact Telephone Number |  |
| Email Address |  |
| School/College currently attending |  |

|  |
| --- |
| Do you have any medical conditions, disabilities or allergies that may need to be taken into consideration during the Science Experience Week? If applicable, please provide details below. |
|  |

**Please provide details of a parent or guardian we can contact in the case of an emergency**

|  |  |
| --- | --- |
| Name of Parent or Guardian |  |
| Contact Phone number |  |

**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 Science Experience Week? | |
|  | |

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

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

|  |
| --- |
| Personal reference for the student |
|  |
| Please provide any further information which might be relevant when considering the student for a place e.g. lack of awareness of STEM careers through family members |
|  |
| Is the student in receipt of pupil premium or would their circumstances require additional financial support above the standard bursary payment? |
|  |

**Section D – Student Declaration**

If successful in being awarded a place on the Science Experience Week I agree to:

* Attend for the full 5 days of the experience
* Complete the Science Experience Week workbook and provide feedback to organisers
* Show commitment to the experience and behave in a professional manner at all times

|  |  |  |
| --- | --- | --- |
| Signed | Print Name | Date |

**Section E – Teacher Declaration**

I agree that the information provided is correct to the best of my knowledge and that I support the nominated student in their application.

|  |  |  |
| --- | --- | --- |
| Signed | Print Name | Date |

**Section F – Parental consent**

I consent to my son/daughter attending the Science Experience Week should they be selected to participate. I understand that my son/daughter will be collected and dropped off at school via approved transport methods. I accept that full details of venues and transport times will be communicated once my son/daughter has been offered a place on the programme.

|  |  |  |
| --- | --- | --- |
| Signed | Print Name | Date |

**Please return the signed form to stemwow@scienceoxford.com or post to Science Oxford, OCFI, New Road, Oxford, OX1 1BY.**