**Science Oxford STEM Summer Application Form 2022**

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| --- | --- |
| Name |  |
| Date of birth |  |
| Male or female |  |
| Permanent address |  |
| Telephone number |  |
| Email address\* |  |
| School/college currently attending |  |
| School/college year |  |

\*only use your school email if you will be checking it out of school time

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| --- |
| Do you have any medical conditions, disabilities or allergies that may need to be taken into consideration during the placement? If applicable, please provide details below. (Please also include any details of medication required). |
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| Do you have any difficulty with travel? As placements may be located anywhere within Oxfordshire or Buckinghamshire. |
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**Please provide details of a parent or guardian we can contact in the case of an emergency**

|  |  |
| --- | --- |
| Name of Parent or Guardian |  |
| Parent or guardian email address |  |
| Contact Phone number  |  |

**Parent or Guardian Agreement**

**I……………………………….hereby consent to…………………………..taking part in the STEM Summer Experience 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 student handbook.**

**In signing this agreement, I understand that all reasonable risk and safeguarding checks have been made with the Science Oxford Centre, as per Science Oxford’s policy.**

**Name………………………….**

**Signed………………………… Date……………………**

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| What subjects interest you and why? |
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| What do you enjoy doing out of school? |
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| Can you tell us one science fact or a question that has always interested you?  |
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| What you would like to do when you leave school? |
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| When you are available during July and August?  |  |

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| What would you like to gain from the STEM Summer Experience? |
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Please list the qualifications you already have

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| --- | --- | --- |
| subject | type of qualification | grade |
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Please list the subjects that you are currently studying and predicted grades

|  |  |  |
| --- | --- | --- |
| subject | type of qualification | grade |
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**This section should be completed by a teacher**

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

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

Please return completed application forms in **Word** format to **STEMcareers@scienceoxford.com**Thank you