**Science Oxford Placement Application Form**

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

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

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

**Placement Preference**

Would you prefer to do:

|  |  |
| --- | --- |
| a research project and a gold CREST award (3-4 weeks)? |  |
| an apprenticeship taster (2-4 weeks)? |  |

In which subject areas would you most like to get work experience? Choose up to three in order of preference.

|  |  |  |
| --- | --- | --- |
| Biological Sciences |  |  |
| Chemistry |  |  |
| Construction/Civil Engineering |  |  |
| Engineering |  |  |
| Environmental Sciences |  |  |
| IT/Software Design |  |  |
| Manufacturing/Product Design |  |  |
| Medical Research |  |  |
| Waste Management |  |  |
| Web Design |  |  |

|  |
| --- |
| What subjects interest you and why? |
|  |
| What you would like to do when you leave school? |
|  |
| When you are available during July and August?  |  |

|  |
| --- |
| What you would like to gain from the STEM Placement programme? |
|  |

Please list the qualifications you already have

|  |  |  |
| --- | --- | --- |
| subject | type of qualification | grade |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please list the subjects that you are currently studying and predicted grades

|  |  |  |
| --- | --- | --- |
| subject | type of qualification | grade |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**This section should be completed by a teacher**

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

|  |
| --- |
| Personal reference for the student  |
|  |
| Is the student in receipt of the pupil premium? |
|  |
| Does the student have any problems with travel? |
|  |

**Please return completed application forms to StemWOW@Scienceoxford.com**