**STEM experience week October 2019**

**Section A – Personal Details**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Gender |  |
| Address |  |
| Contact telephone number |  |
| Email address |  |
| School/college currently attending |  |

|  |
| --- |
| Do you have any medical conditions, disabilities or allergies that we may need to take into consideration during the STEM 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 STEM 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  |
|  |
| Is the student in receipt of pupil premium? |
|  |

**Please return completed forms in Word format to StemWOW@scienceoxford.com**