**STEM Insight Mini-Week May 2022**

**Section A – Personal Details**

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

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

|  |
| --- |
| Do you have any medical conditions, disabilities or allergies that we may need to take into consideration during the STEM Insight Week? If applicable, please provide details below. (Please also include any details of medication required). |
|  |

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

|  |  |
| --- | --- |
| Name of parent or guardian |  |
| Parent/Guardian email  |  |
| Contact phone number  |  |

**Parent or Guardian Agreement**

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

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

**Name………………………….**

**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/computing/ maths fact or a question that has always interested you? |
|  |

**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**