**STEM Insight Week 24th -28th October 2022**

**Section A - Personal Details**

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

\*For use outside of school time

|  |
| --- |
| Do you have any medical conditions, accessibility issues or disabilities that we may need to take into consideration for this experience? |
|  |
| Do you have access to a computer or a device capable of using Zoom or Microsoft Teams? |
|  |
| As part of Science Oxfords Diversity and Inclusion Policy, we want to make sure that everyone has access to this experience – are there any specific things we could do to help before the experience – such as meeting the staff in advance of the week, a tour of the building during a quiet time or allocation of a private quiet space etc? This does not need to be related to a medical condition or disability. |
|  |
| Do you have any dietary requirements? |
|  |

\*\*This may be used for your login details.

**Medical and access requirements – answers to this section will not affect your application**

**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………………………………(Parent name) hereby consent to………………………….(student name) taking part in the hybrid 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 safety agreement and conditions in the student handbook.**

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

**Name…………………………. Contact telephone number……………….**

**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 fact or a question that has always interested you? | |
|  | |
| If you could meet one past or present scientist or figure, who would it be and why? | |
|  | |
| How did you hear about this opportunity? (Please circle or highlight) | |
| Teacher, website, other student, social media, other ……………………….. | |

**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**](mailto:STEMcareers@scienceoxford.com)