**STEM Insight Week**

**30th May –2nd June 2023**

**Application deadline: Friday 12th May 2023**

**Please return completed forms to** [**STEMcareers@scienceoxford.com**](mailto:STEMcareers@scienceoxford.com)

**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? |
|  |
| As part of Science Oxford’s Diversity and Inclusion Policy, we want to make sure that everyone has access to our STEM Careers Programme. 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 whom we can contact in the case of an emergency**

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

**Section B: Parent or Guardian Agreement**

**I………………………………(name of parent or guardian) hereby consent to………………………….(name of student) taking part in Science Oxford’s STEM Insight Week. 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. The handbook will be sent to successful applications.**

**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. In line with the Oxford’s Trust Safeguarding Children Policy, Science Oxford is committed to safeguarding young people and have done all reasonable risk and safeguarding checks with the organisations taking part.**

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

**Signed………………………… Date……………………**

**Section C: Consent form for film/video, audio & photography**

In accordance with our child protection policy, we will not permit photographs, video, sound or other images of young people to be taken without the consent of the parents/carers.

Science Oxford will take all steps to ensure images are used solely for the purposes they

are intended. If you become aware that any images are being used inappropriately you

should inform Science Oxford immediately.

By agreeing, you (the parent/carer) give consent for your child to be recorded in:

**still images (photographs), moving images (film/video), audio recordings.**

You (the parent/carer) accept that the subsequent use of material may be in a number

of media, including but not limited to print, digital and electronic use by Science Oxford

and/or by authorised partners of Science Oxford.

Image(s) and/or recording(s) may be made available to the general public online via our

website, social media channels, our YouTube channel and in print and that of our parent

organisation The Oxford Trust.

I understand that:

* editing may be required by Science Oxford or by agents authorised by Science Oxford for quality or technical purposes; edited subsections may be used in other Science Oxford materials for purposes stated previously;
* the image(s) and/or recording(s) and data pertainable to these will be stored securely in appropriate file formats only on servers and/or hard drives belonging to Science Oxford and/or its authorised agents.

Please complete the permission slip below, or you can refuse permission by ticking the box at the bottom of the slip.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Contact Details & Consent | | |
| Young person’s name: | | Age: |
| Parent/guardian name: | Email: | Telephone: |
| Photographs and video at our events may be used for website, social media and marketing purposes. These photographs are stored on a secure server, shared only with authorised partners and will automatically be deleted after 5 years**.**  **I give permission for photography/video.** | |  |
| Signed: | | Date: |
| If you have any concerns about this form please speak to a member of science oxford Staff. Email [info@scienceoxford.com](mailto:info@scienceoxford.com) or call 01865 810008. Full terms and conditions and our Privacy Policy can be found at www.scienceoxford.com | | |
| I refuse to give permission for photography/video | |  |

**Section D: 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 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 E: To be completed by teacher**

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

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