**STEM Insight Days**

**28th or 31st May 2024**

**Application Deadline: Friday 10th May 2024**

**Please give as much detail in your answers as possible. We cannot accept an incomplete application. This application form has 4 pages. Please return completed forms to** [**STEMcareers@scienceoxford.com**](mailto:STEMcareers@scienceoxford.com)

**Section A**

Which day would you like to attend? (please tick)

**Tuesday 28th May**

**Friday 31st May**

**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#

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

|  |
| --- |
| 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? This does not need to be related to a medical condition or disability. |
|  |
| Do you have any dietary requirements? |
|  |

**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 |  | |
| Will you be collecting your child from the centre each day? **Please highlight or check box.** |  | I Will be collecting my child. |
|  | My child will be walking home. |
|  | My child Will be taking public transport. |
|  | Other (Please State Below): |

**Parent or Guardian Agreement**

**I………………………………(Parent name) hereby consent to………………………….(student name) taking part in Science Oxford’s STEM Insight Day. 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 applicants.**

**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……………………**

**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 of the child.

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 those 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 pertaining 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 | | |
| Child Name: | | Age: |
| Parent/Guardian Name | Telephone: | Email: |
| 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 10 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](http://www.scienceoxford.com) | | |
| I refuse to give permission for Photography/Video | |  |

**Section B – To completed by the student, please be as detailed as possible!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 Day? | | | | | |
|  | | | | | |
| What interests you about STEM and science subjects? | | | | | |
|  | | | | | |
| Can you tell us about a project you have completed  (this can be physical or digital, on any subject completed at home or school) | | | | | |
|  | | | | | |
| What else do you enjoy doing out of school? | | | | | |
|  | | | | | |
| How did you hear about this opportunity? (Please tick or highlight below) | | | | | |
| Teacher | Parent | Other student | Social media | Browser search ☐ | Other  (please state) |