**Student Application Form 2017**

**RZSS Science Summer School**

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| Name of student: | Name of teacher: |
| Age as of July 2017: | Department & Subject: |
| Student e-mail: | Teacher’s e-mail: |
| Student Contact Tel: | School Contact Tel: |
| Students Home Address: | School Name & Address: |

**Please tick which location and week you would prefer if selected:**

(If successful we will endeavour to place you at your preferred location and date. However this may not be possible)

**Highland Wildlife Park: 10th – 14th Jul  17th – 21st Jul  Either week**

**Edinburgh Zoo: 31st Jul – 4th Aug  7th – 11th Aug  Either week**

**OR I don’t mind which location or date I attend:**

**For the teacher to fill in: (A handwritten declaraction can be scanned and accompany this form if required)**

Why would you recommend this student for a place on the RZSS Science Summer School?

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| Teacher Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Max 3 marks) |

Teacher Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Max 3 marks)What attracted you to this course?

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| --- |
| (Max 9 marks) |

What could you contribute to the course if offered a place?

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| --- |
| (Max 7 marks) |



How do you hope to use this experience in the future?

|  |
| --- |
| (Max 6 marks) |

Please return this form no later than **Friday 17th March 2017** via email, titled “Science Summer School Application”to:

Email: [education@rzss.org.uk](mailto:education@rzss.org.uk) Tel: 0131 314 0330