**Student Application Form 2019**

**RZSS Science Summer School**

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| --- | --- |
| Name of Student:  | Name of Teacher:  |
| Age as of June 2019:  | Department & Subject:  |
| Student Email:  | Teacher’s Email:  |
| 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: 8th – 12th Jul** [ ]  **15th – 19th Jul** [ ]  **Either week** [ ]

**Edinburgh Zoo: 29th Jul – 2nd Aug** [ ]  **5th – 9th Aug** [ ]  **Either week** [ ]

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

**For the student to fill in:**

What attracted you to this course?

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

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

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



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

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

**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)**Teachers:** Would you like to be added to our secondary teacher mailing list to be made aware of future opportunities like this?Do you hereby opt-in, using the email address above, to receive email content in relation to RZSS Education events and teacher news? Yes [ ]  No [ ]  |

Please note that your personal details will be kept for as long as necessary for the purposes of this course. They will not be shared with any other organizations without your express permission.

Please return this form no later than **Friday 15th March 2019** via email, titled “Science Summer School Application”to:
Email: education@rzss.org.uk Tel: 0131 314 0330