**Science Close Up Kit**

**Registration Form 2024-25**

**School Information**

School Name:

School Address:

Telephone Number:

**…………………………………………………………………………………………………………………………………………………….**

**School Staff Contacts**

Please provide the names and contact email addresses for the following:

(1). Staff member that will accept delivery of kit to your school

(2). Staff member that will complete short evaluation survey, after using kit

Name 1:

E-mail 1:

Name 2:

E-mail 2:

**…………………………………………………………………………………………………………………………………………………….**

**Additional Information**

Which year groups will use the kit?

I have discussed the use of this kit with my Head teacher [ ]

As a condition of receiving a free kit, I agree to complete a short survey at the end [ ]

of the school year to help Edina Trust evaluate the impact of the project

PRIVACY STATEMENT: The Edina Trust stores the contact information provided on this science kit application form within its legitimate interests as a science grant providing charity. This information will never be shared with, or sold to, outside organisations. The Trust will process the information you have provided for the following reasons:

* Reviewing and assessing your application in order to make a decision on whether to offer a kit;
* Contacting you to provide feedback on your application;
* Retaining these forms for the one year duration of the SCU scheme in your area plus a further 12 months;
* Retaining information confirming your application and our decision in relation to it.