

When completed please email:



michael.buckley@edinatrust.org.uk

Science Close Up Kit

Registration Form 2023-24 School Information

| School Name: | |
|---|--|
| School Address: | |
| Telephone Number: | |
| School Staff Contacts | |
| Please provide the names and contact email addresses for (1). Staff member that will accept delivery of kit to your staff member that will complete short evaluation sur | school |
| 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 su of the school year to help Edina Trust evaluate the impact of the pr | |
| PRIVACY STATEMENT: The Edina Trust stores the contact information provided on this science kit application for icience grant providing charity. This information will never be shared with, or sold to, outside organisations. The nave 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 standard information confirming your application and our decision in relation to it. | Trust will process the information you |