**Eligibility Declaration *– to be completed by applicant’s teacher***

**Information to support a student application to attend**

**Reach out for Healthcare Science Programme 2020**

This programme is fully funded by Health Education England, organised by Exscitec and delivered by Healthcare Scientists and requires no payment from the applicant or the applicant’s school.

Teachers are not required to accompany students

*Teacher: please complete sections in Yellow.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Applicant:** | **First Name** |  | **Last Name** |  |
| **Teacher Name:** | **First Name** |  | **Last Name** |  |
| **School Name:** |  | | | |
| **Teacher Position:** |  | | | |
| **Teacher Email:** |  | | | |
|  |  | | | |

**“As the contact teacher of the above named applicant, I would recommend that he/she attends this course because…:** *(Please answer “Yes” in the left hand column for any which are applicable)*

|  |  |
| --- | --- |
| ***Students MUST meet the following three criteria*** | |
|  | the student is currently in Year 10 |
|  | the student is able to demonstrate an interest in Science |
|  | the student is attending a UK state maintained school or academy |
| ***Priority will then be given to students who meet at least one of the following additional criteria*** | |
|  | the student has been entitled to receive Free School Meals |
|  | the student would potentially be the first generation in his/her family to attend university |
|  | the student does not attend a fee paying school (whether through bursary or scholarship support or otherwise) |
|  | the student’s family receives tax credits |
|  | the student is or has been under Local Authority care |
|  | the student attends a school where more than 15% of students receive free school meals |
|  | the student is affected by/copes with circumstances which mean he/she is particularly deserving of a place” [if yes, please detail below as appropriate] |  |
|  | the student attends a school or college with a low overall A Level or equivalent point score |

Teacher - Additional comments in support:

|  |  |  |  |
| --- | --- | --- | --- |
| Teacher Signature: |  | Date: |  |

|  |  |
| --- | --- |
|  | Please state “No” here if you would not like to receive further emails regarding other similar Exscitec STEM Courses |

Please scan and return this form via email to info@exscitec.com

­­­­­­­­­­­­­­­*\** ***If*** *you would prefer to return this by post, please sign here and send to Exscitec at the ‘Applications Admin’ address below*

Thank you for your assistance.

**Applications Admin**

*Exscitec STEM Courses*

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