



## Science Close Up Kit Registration Form

### School Information

School Name:

School Address:

Telephone Number:

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### 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:

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### 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.

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When completed please email:

[michael.buckley@edinatruster.org.uk](mailto:michael.buckley@edinatruster.org.uk)