

## All form fields must be completed.

## GENERAL INFORMATION

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School Name:			Telephoi	ne:							
School Address (please i	include <u>postcode</u> ):		Number	of pupil	s at you	r school:					
			If you are children	_	_	t for a visit	, how many				
Contact 1 - Main point of	of contact for Edina T	rust	Contact 2	2 – Backu	ıp conta	ict					
At least one	contact must be a <u>sci</u> e	ence lead	er/science	coordin	ator or l	nead teach	er.				
Name:			Name:								
Email:			Email:								
Position at school:			Position	at school	l:						
BACS INFORMATION Please check details with your school's office before submission											
Account Name:			Payment Ref – used to identify the grant.  [For payments to local authority/academy trust]								
Sort Code:	Account Number:					-	ne/identifier]				
Once your grant is appr authority account. <b>It is t</b>				-			trust/local				
PRE-GRANT QUESTIONS The Edina Trust is keen to in your school. This is a no	evaluate the impact of	_			_		•				
provided by Edina. Please	answer the following	Strongly	Disagree	Neutral	Agree	Strongly	Not				
1. The lack of quality science resources in school limits the <u>type</u> of science lessons we can deliver		Disagree				Agree	Applicable				
2. The lack of quality scies school affects the <b>numb</b> lessons we can deliver											
3. The science resources of restrict the number of practively take part in prameans that science is of by teachers rather than pupils	oupils that can actical science. This ften 'demonstrated'										
4. The opportunities and currently offer for scientistions are limited	_										
5. Our current science resenthuse and encourage an interest in science											
PRIVACY STATEMENT: The Edina Tr providing charity. This information for the following reasons:	will never be shared with, or so	old to, outside	_	The Trust w	_		-				

Contacting you to provide feedback on the status of your grant and to request feedback on its impact;

Retaining information on the funding provided to your school.

## Edina Trust Science Grant Scheme Grant Form:

Name o					
	of Project/Activit	y:			
ates o	of Project/Activit	<b>y:</b> (required for visits/v	workshops)		
	ption of Project/A	Activity: (Please explain	how you will embed this t	visit and/or equipm	ent requested into
			st does not cover VAT as al		
	-	_	o your local authority or fir r School Entitlement: £400		eclaiming VAT.
		<u> </u>	erever possible - any qu		r Edina consultar
e.g.	Supplier Ca	Item	Price	Quantity	Total
O	TTS	Easi-scope	£49.99	1	£49.99
	110	Биог осоре	210.55	1	213.33
	It is for in	dividual schools to	o carry out their ow	n risk assessn	nents
			•		
TT.	before	using Edina fund	ed science equipmo	ent with pupil	s.
To		using Edina fund	•	ent with pupil	s.
To	before	using Edina funded Cost: £	ed science equipmo	ent with pupil r£400 for Infant/Ju	s.
	before otal Estimat	e using Edina funded Cost: £	ed science equipmed / £800 (excl. VAT) (o	ent with pupil r £400 for Infant/Ju	s. unior schools)

Email completed form to: <a href="mailto:michael.buckley@edinatrust.org.uk">michael.buckley@edinatrust.org.uk</a>
Your local Edina Consultant: <a href="mailto:michael.grimshaw@edinatrust.org.uk">michael.buckley@edinatrust.org.uk</a>