

Hands-On at Otago Whai Wheako i Ōtākou

17-22 January 2016



Enrolment Form

Surname	<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name (for name tag)	<input type="text"/>		
Date of Birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone	<input type="text"/>	Cellphone	<input type="text"/>
Email (please print clearly)	<input type="text"/>		
Secondary School	<input type="text"/>		
National Student Number	<input type="text"/>	School Year in 2016	<input type="text"/>
Preferred T shirt size	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large <input type="checkbox"/> X Large <input type="checkbox"/> XX Large

Optional: To which ethnic group(s) do you belong?

<input type="checkbox"/>	NZ European/Pakeha	<input type="text"/>
<input type="checkbox"/>	Māori: Iwi – please specify	<input type="text"/>
<input type="checkbox"/>	Pacific Nations – please specify	<input type="text"/>
<input type="checkbox"/>	Asian – please specify	<input type="text"/>
<input type="checkbox"/>	Other – please specify	<input type="text"/>

FORMAL PROGRAMME: I wish to be involved in: Provide five choices in order of preference – 1, 2, 3, 4, 5 (first preference: 1)

<input type="checkbox"/> Anatomy	<input type="checkbox"/> History	<input type="checkbox"/> Pharmacology
<input type="checkbox"/> Anthropology	<input type="checkbox"/> Immunology	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Archaeology	<input type="checkbox"/> Information Science	<input type="checkbox"/> Philosophy
<input type="checkbox"/> Biochemistry	<input type="checkbox"/> Law	<input type="checkbox"/> Physical Education, Sport and Exercise Sciences
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Marine Science	<input type="checkbox"/> Physics
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Marketing	<input type="checkbox"/> Physiology
<input type="checkbox"/> Education	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Political Studies
<input type="checkbox"/> Food Science	<input type="checkbox"/> Nanochemistry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Genetics	<input type="checkbox"/> Oceanography	<input type="checkbox"/> Tourism
<input type="checkbox"/> Geography	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Zoology
<input type="checkbox"/> Geology		

Please indicate if you:

• would prefer NOT to participate in any particular project (please state project)	<input type="text"/>		
• are interested in an opportunity to talk with the Course Advisor/Liaison Officer about options and school prerequisites for university courses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• will be entering Year 13 next year and would like a tour of student accommodation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• are interested in meeting Disability Information & Support staff during your visit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
• have attended Hands-On Science before	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SUPPORTING INFORMATION

You need to include a submission to strengthen your application for Hands-On at Otago.

You will find spaces for this on pages 4 and 5 of this form.

ENDORSEMENT BY PRINCIPAL OR TEACHER

Name of Principal or Teacher

School

Email

Phone

I support the application of _____, who has the potential to excel and would benefit from attending Hands-On at Otago.

In the event of oversubscription to the School, I am willing to provide further information to assist with the selection process.

Signed

PUBLICITY

Applicants shall agree to co-operate with any publicity of Hands-On at Otago. Such publicity may include material provided with your application, photographs and interviews with Hands-On at Otago participants.

PARENT'S/GUARDIAN'S CONSENT (PARENTS – PLEASE READ THIS)

Please complete the following agreement:

Your son/daughter will be expected to behave as a responsible young adult at Hands-On at Otago. Cigarettes, matches, alcohol, and illegal drugs are **absolutely** forbidden. A curfew will be observed after 10pm or half an hour after returning from evening outings that are part of the programme. Students must inform organisers if they are unable to attend any activity. Students who behave irresponsibly, or who are found smoking, drinking, or taking illegal drugs will be sent home immediately at the expense of their Parent/Guardian.

I agree to _____ taking part in the activities provided at Hands-On at Otago. I authorise the obtaining of medical attention if the organisers consider this necessary. I also agree that he/she must observe the Hands-On at Otago rules and understand that failure to do so could result in his/her being sent home immediately. I have discussed these conditions with him/her, and we accept them.

Signature of Parent/Guardian

Signature of Student

MEDICAL CONDITION

Please indicate any medical condition or disability of which the organisers should be aware (for example, asthma, epilepsy, heart condition):

If you are Deaf, have a disability or medical condition do you have any particular requirements? eg wheelchair access, sign language interpreter, assistant or note-taker.

SPECIAL DIETARY REQUIREMENTS

☐

Lacto-ovo vegetarian (will eat eggs and dairy products)

☐

Vegetarian, but able to eat white meats

☐

Food allergies (Please state)

☐

Other (Please state)

OPTIONAL FLIGHT BOOKINGS

I wish to take advantage of Orbit Travel's offer to make my travel arrangements.

First Name			
Surname			
Gender		Age	
Phone		Fax	
Email			
Address			

I will be leaving from on Sunday 17 January.

I wish to leave Dunedin on Friday 22 January and will be returning to: (arrival point)

CHECK LIST – I HAVE ENCLOSED:

- ☐ Enrolment form
- ☐ Supporting letter including personal statement
- ☐ Endorsement by Principal or Teacher – signed
- ☐ Parent's/Guardian's consent form – signed
- ☐ Orbit Travel Flight Bookings form (Optional)

Please send completed form(s) before Friday 16th October 2015.

Send to: Hands-On at Otago
Division of Sciences
85 Union Place West
University of Otago
PO Box 56
Dunedin 9054

Please do **not** send payment with your registration.



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Supporting Information

You need to include a submission to strengthen your application for Hands-On at Otago. In the spaces below, list your school qualifications, extracurricular achievements at school, other extracurricular achievements and involvement. Write a personal statement indicating why you should be chosen to attend Hands-On at Otago 2016. This should be about 500 words (at least a page long, but not more than two pages). Remember that there are always more applications than there are places available, so you need to provide as much information as you can. If you are unable to attend next year this should also be included.

Please do not send school reports or NCEA Records of Achievement.

QUALIFICATIONS (NCEA, CAMBRIDGE, IB, OTHER)

Please include any credits gained so far

EXTRACURRICULAR SCHOOL-RELATED ACHIEVEMENTS/INVOLVEMENT

eg Science Fair, Young Enterprise, MUNA, Rockquest, Duke of Edinburgh, school sports

OTHER ACHIEVEMENTS/INVOLVEMENT

eg Scouts, music, drama, sports

PERSONAL STATEMENT

Why should you be chosen to attend Hands-On at Otago 2016?