



[www.scifest.ie](http://www.scifest.ie)

## 2012 ENTRY FORM

VENUE

**DUBLIN INSTITUTE OF TECHNOLOGY, KEVIN STREET**

**YOUR ENTRY MAY NOT BE ACCEPTED IF ALL SECTIONS OF THIS ENTRY FORM ARE NOT COMPLETELY FILLED OUT**

**Please Note**

- **Each entry must have a separate entry form**
- **A student cannot enter more than one project**
- **This entry form must be signed by each of the following:**
  1. School Principal
  2. Supervising Teacher
  3. Parent/Guardian  
(in a team project a signature is needed for each member of the team)
- **The teacher's email address must be printed in block capitals on the entry form. Since all communication with the teacher will be by email please make certain that the email address is correct and clearly legible**
- **Please return your completed entry form to the address on the back page of the entry form (Page 6)**

**CLOSING DATE FOR RECEIPT OF ENTRY FORMS IS FRIDAY 2 MARCH 2012**

VENUE: DUBLIN INSTITUTE OF TECHNOLOGY, KEVIN STREET

## SCHOOL DETAILS

**SCHOOL NAME**

(PLEASE PRINT CLEARLY)



**ADDRESS**

(PLEASE PRINT CLEARLY)

  

**TELEPHONE NUMBER**

(PLEASE PRINT CLEARLY)



**SIGNATURE OF PRINCIPAL**



## TEACHER DETAILS

**TEACHER NAME**

(PLEASE PRINT CLEARLY)



**TELEPHONE NUMBER**

(PLEASE PRINT CLEARLY)



**EMAIL ADDRESS**

(PLEASE PRINT CLEARLY)



**TEACHER SIGNATURE**



## NAME(S) OF STUDENT(S)

**NAME OF STUDENT 1**

(PLEASE PRINT CLEARLY)



**NAME OF STUDENT 2**

(PLEASE PRINT CLEARLY)



**NAME OF STUDENT 3**

(PLEASE PRINT CLEARLY)



## SIGNATURE(S) OF PARENT(S)/GUARDIAN(S) (See [www.scifest.ie](http://www.scifest.ie) Guidelines for entrants: Use of photographs/videos)

**SIGNATURE OF PARENT/GUARDIAN 1**



**SIGNATURE OF PARENT/GUARDIAN 2**



**SIGNATURE OF PARENT/GUARDIAN 3**



**CLOSING DATE FOR RECEIPT OF ENTRY FORMS IS FRIDAY 2 MARCH 2012**



**B** What problem do you wish to investigate/solve?

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**C** What experimental methods are you using?

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**D** What institutions or people have you contacted for help with your project?

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**E** Briefly outline how much work you have already done. (e.g. Preliminary experiments, data collected, etc.)

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**F** What chemicals are you using?

<b>G</b> Have you checked with your teacher that all the equipment and chemicals that you are using conform to health and safety regulations?	Please tick	
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<b>H</b> Do you require an electrical socket at your stand?	Please tick	
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<b>I</b> Have you exhibited at a SciFest Exhibition before?	Please tick		If yes please indicate which year/s			
	Yes	No	2008	2009	2010	2011
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>J</b> Did you exhibit this project at the BT Young Scientist & Technology Exhibition (BTYSTE) in 2012?	Please tick	
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

<b>K</b> Did you receive any of the following awards at the BTYSTE 2012?	Please tick			
	* Young Scientist	* Runner up Young Scientist	* Best Group	* Runner-up Group
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	* 1st in Category	* 2nd in Category	* 3rd in Category	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* Please note that students who received any of the above awards at the BTYSTE in 2012 cannot enter the same project in SciFest 2012.

Students who exhibited at the BTYSTE 2012 but who did not receive any of the awards listed above are welcome to enter their project in SciFest 2012.

However, such students are expected to have carried out some additional work on their project before entering it in SciFest 2012.

See Guidelines for Students – Continuation Projects and Other Science Competitions

# ENTRY FORM CHECKLIST BOX

School Name	<input type="checkbox"/>	School telephone number	<input type="checkbox"/>
School Address	<input type="checkbox"/>	Signature of principal	<input type="checkbox"/>
Teacher Name	<input type="checkbox"/>	Teacher Email Address	<input type="checkbox"/>
Teacher Phone Number	<input type="checkbox"/>	Signature of teacher	<input type="checkbox"/>
Name(s) of student(s)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Signature(s) of parent(s)/guardian(s)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Project Title	<input type="checkbox"/>	Project Type	<input type="checkbox"/>
Age Category	<input type="checkbox"/>	Project Category	<input type="checkbox"/>
Eligible for the Discover Sensors Award	<input type="checkbox"/>	Sections A-K are filled out correctly	<input type="checkbox"/>

PLEASE RETURN COMPLETED ENTRY FORMS TO:

**Dr Denis O'Shea**  
**School of Food Science and Environmental Health,**  
**Dublin Institute of Technology, Kevin Street,**  
**Dublin 8.**

**CLOSING DATE FOR RECEIPT OF ENTRIES: FRIDAY 2 MARCH 2012**



If more than one project is being entered from the school this form may be photocopied.