

ENTRY FORM

Please complete all sections of this entry form in block capitals. Each entry must have a separate entry form. Students may enter only one project.

NAME OF SCHOOL:



ADDRESS OF SCHOOL:



SCHOOL PHONE No:



SIGNATURE OF PRINCIPAL:



NAME OF TEACHER:

(MONITORING PROJECT)



SIGNATURE OF TEACHER:

(MONITORING PROJECT)



TELEPHONE No:



EMAIL ADDRESS:

(PLEASE PRINT CLEARLY)



NAME(S) OF STUDENT(S):

1. NAME OF STUDENT

(PLEASE PRINT CLEARLY)



<input type="text"/>	Year in School	<input type="text"/>
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2. NAME OF STUDENT

(PLEASE PRINT CLEARLY)



<input type="text"/>	Year in School	<input type="text"/>
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3. NAME OF STUDENT

(PLEASE PRINT CLEARLY)



<input type="text"/>	Year in School	<input type="text"/>
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SIGNATURE OF PARENT(S)/GUARDIAN(S): (SEE GUIDELINES FOR ENTRANTS; 'USE OF PHOTOGRAPHS')

1. SIGNATURE OF PARENT/GUARDIAN



2. SIGNATURE OF PARENT/GUARDIAN



3. SIGNATURE OF PARENT/GUARDIAN



CLOSING DATE FOR RECEIPT OF ENTRIES IS FRIDAY 12 MARCH 2010

TITLE OF PROJECT:



Three horizontal text input fields for the project title.

AGE CATEGORY: Please tick	Junior		Intermediate		Senior	
	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROJECT TYPE: Please tick	Individual			Group (Max. 3 students per group)		
	<input type="checkbox"/>			<input type="checkbox"/>		
PROJECT CATEGORY: Please tick	Physical Sciences		Life Sciences		Technology	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this project involve substantial use of one or more digital sensors? Please tick (SEE GUIDELINES FOR ENTRANTS - DISCOVER SENSORS AWARD)	Yes			No		
	<input type="checkbox"/>			<input type="checkbox"/>		

PLEASE READ WHAT IS REQUIRED IN SECTIONS A – J BELOW BEFORE YOU START TO FILL THEM IN.

A Description of project: (40 words max.)

Eleven horizontal text input fields for the project description.

B What problem do you wish to investigate/solve?

C What experimental methods are you using?

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

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

F What chemicals are you using?

G 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 <input type="checkbox"/>	No <input type="checkbox"/>

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

I Did you exhibit this project at the BT Young Scientist & Technology Exhibition (BTYSTE) 2010?	Please tick	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

J Did you receive any of the following awards at the BTYSTE 2010?	Please tick			
	* Young Scientist <input type="checkbox"/>	* Runner up Young Scientist <input type="checkbox"/>	* Best Group <input type="checkbox"/>	* Runner-up Group <input type="checkbox"/>
	* 1st in Category <input type="checkbox"/>	* 2nd in Category <input type="checkbox"/>	* 3rd in Category <input type="checkbox"/>	

* Please note that students who were awarded any of the above prizes at the BTYSTE 2010 are welcome to exhibit at SciFest but they will not be included in the judging or receive prizes.

Students who exhibited at the BTYSTE 2010 but who did not receive any of the awards listed above are welcome to enter their project in SciFest 2010. However, such students are expected to have carried out some additional work on their project before entering it in SciFest.

PLEASE RETURN COMPLETED ENTRY FORMS TO:

Ciarán O'Leary
School of Computing
Dublin Institute of Technology
Kevin Street
Dublin 8

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Dublin Institute of Technology
 Institiúid Teicneolaíochta Átha Cliath