**Primary School Visit Expression of Interest Form**

Please note that visits are limited and subject to researcher availability. A member of the Education and Public Engagement team will review your application and be in touch in due course.

**TEACHER’S NAME:**

**MAIN CONTACT NUMBER:**

**MAIN CONTACT EMAIL:**

**SCHOOL NAME:**

**SCHOOL ADDRESS:**

**SCHOOL TYPE (PLEASE CIRCLE):** MIXED / ALL GIRLS / ALL BOYS

**CLASS GROUP (PLEASE CIRCLE):** 2nd/3rd/4th/5th/6th

**NUMBER OF STUDENTS:**

**PREFERRED MONTH (PLEASE CIRCLE):** JAN/FEB/MAR/APR/MAY/JUN/SEP/OCT/NOV/DEC

**PREFERRED TIME (PLEASE CIRLCE):** MORNING / AFTERNOON

**ACTIVITY (PLEASE TICK):**

Introduction to Electronics (10 – 12 years)

The Secret of Rainbows (8 – 12 years)

**AUDIO VISUAL EQUIPMENT AVAILABLE (PLEASE TICK):**

Laptop/Desktop computer with PowerPoint

LCD Projector