Keele university
astrophysics group

Astrophysics Research Experience 8-12 July 2019

# application form

## Your Details

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| --- | --- |
|  | Please give your **name**, say **which year of study** you are in **and provide an email address** at which we can contact you (this can be a school email address rather than a personal email) (**NB: Applications should be from. year 10, 11 or 12 students only**).**Name:****Year of Study:****Email:** |

## Your School/College

|  |  |
| --- | --- |
|  | Please give the **name of the school or college** that you currently attend.**School or College:** |

## Tutor Contact Details

|  |  |
| --- | --- |
|  | Please give the name and a contact email address of a **teacher or tutor** at your school/college who can provide a reference for you and confirm that you are available between 8-12 July 2019.**Name:****Email:** |

## Your statement

|  |  |
| --- | --- |
|  | **Provide a ONE PARAGRAPH statement outlining why you want to do this research experience week and what your career aspirations are. Please also say what relevant subjects you are studying at school/college.** |

## Reference from a tutor or teacher

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| --- | --- |
|  | Please ask the person mentioned in box #3 to send a separate email to **r.d.jeffries@keele.ac.uk** supporting your application. This email should include brief details of why you would benefit from this opportunity and an indication of your aptitude and performance in science and mathematics subjects. |

## Submitting this application

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| --- | --- |
|  | Please send a completed copy of this application, as a word document or pdf file to **r.d.jeffries@keele.ac.uk** by **Monday 25th February.** |