



www.scifest.ie

SCIFEST@COLLEGE 2018 ENTRY FORM

VENUE

DUNDALK INSTITUTE OF TECHNOLOGY

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 may not enter more than one project in SciFest@College in a given year
- A student may not enter their project in more than one venue in a given year
- 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 this entry form (Page 6)

CLOSING DATE FOR RECEIPT OF ENTRY FORMS IS FRIDAY 9 MARCH 2018

VENUE: DUNDALK INSTITUTE OF TECHNOLOGY

SCHOOL DETAILS

SCHOOL NAME

(PLEASE PRINT CLEARLY)



ADDRESS

(PLEASE PRINT CLEARLY)



TELEPHONE NUMBER

(PLEASE PRINT CLEARLY)



SIGNATURE OF PRINCIPAL



TEACHER DETAILS (See www.scifest.ie Guidelines for teachers: Use of photographs/videos)

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 Guidelines for students: 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 9 MARCH 2018

B What experimental methods are you using?

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

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

E What chemicals are you using?

F 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"/>

G Is there any equipment in your project that needs to be connected to an electrical socket?

Please tick	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

H Does your project relate to energy conservation/sustainability?

Please tick	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I Did you exhibit this project at the BT Young Scientist & Technology Exhibition (BTYSTE) in 2018?

Please tick	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

J If you exhibited this project at the BTYSTE 2018 did you receive any of the following awards?

Please tick			
* Young Scientist/s	* Best Individual/Group	* Runner-up Individual	* Runners-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 awards listed in Section J above at the BTYSTE in 2018 cannot enter the same project in SciFest@College 2018. However, they are welcome to enter a different project.

Students who exhibited at the BTYSTE 2018 but who did not receive any of the awards listed above are welcome to enter their project in SciFest@College 2018. However, such students are expected to have carried out some additional work on their project before entering it in SciFest@College 2018.

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 telephone number	<input type="checkbox"/>	Signature of teacher	<input type="checkbox"/>
Name(s) of student(s)	<div style="display: flex; justify-content: space-around;"> 1 2 3 </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	Signature(s) of parent(s)/guardian(s)	<div style="display: flex; justify-content: space-around;"> 1 2 3 </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
Project title	<input type="checkbox"/>	Project type	<input type="checkbox"/>
Age category	<input type="checkbox"/>	Project category	<input type="checkbox"/>
Sections A-J are filled out correctly	<input type="checkbox"/>		

PLEASE RETURN COMPLETED ENTRY FORMS TO:

Dr Edel Healy
Head of School of Health & Science
Dundalk Institute of Technology
Dublin Road, Dundalk
County Louth

CLOSING DATE FOR RECEIPT OF ENTRIES: FRIDAY 9 MARCH 2018

