

**Welcome to the world of STEM**

There is no better way to experience the power of STEM than by seeing first-hand how it solves real life problems in an engineering and logistics environment. This course teams you with RAF and other engineers and logisticians, who will guide you through every step of the process.

**What you will be doing**

* Within a team of fellow students you will be working on elements of support to a Humanitarian Aid operation in a far off country.
* Learning the practical applications of the techniques and processes you will be using.
* Understanding the importance of budgets for materials and food and in developing designs, allowing you to calculate the financial impact of your decisions.
* Working alongside real engineers and logisticians drawing on their knowledge and putting your new skills into practice.
* Gaining valuable employment skills, working in a team, communication, time management, problem solving, planning and presentations.
* Working towards a British Science CREST Award and an Industrial Cadet Award, both of which are viewed favourably by universities in your personal statement and by employers in your CV.

**What is expected from you?**

Full participation. The instructors will encourage all students to take part in every activity, even if it seems a bit daunting at first. This might seem a little worrying to begin with, but you will soon realise that most things are not as scary or as difficult as they seem. The most challenging things are often the most rewarding!
The instructor will not ask anyone to try something that they think is beyond their ability or that is unsafe, so students are encouraged to give everything a go, and see how much they can achieve!

**What you will get from the course**

The course will give you lots of opportunities to push yourself out of your comfort zone, to try new things that you didn’t think you were capable of and to work with people you might not have met before. By taking every one of these opportunities and trying your hardest throughout the course, you will discover something new about yourself and begin to develop the employability skills that are critical in adult life.

**When and what will the students eat on the course?**

All food is provided for you during the course and you will have a choice of meals – including vegetarian and Halal options. We can make provision for special dietary requirements too, as long as you notify us on the health form. Soft drinks are provided with meals and additional snacks and refreshments are available thought the day.

**What does accommodation look like?**

Single-sex, dormitory style accommodation with rooms normally accommodating 4 people. Single-sex bathroom facilities are located in close proximity to the dorm and a drying room is also available for those wet clothes! We will put together a plan of who will be sharing a room.

**What does a typical day's schedule look like?**

Below is a sample outline of what a typical day is like:

0630 - Wake up
0730 - 0800 Breakfast
0830 - 1200 Activity time with your group and instructor
1200 - 1300 Lunch

1300 - 1700 Activity Time with your group and instructor

1700 - 1800 Dinner

1800 - 2100 Evening Activities including Crest Project Coursework.

2100 - 2200 Free Time

2200 to Dorms

2230 Lights out

**Is there any mobile phone reception or internet access?**

Yes, there is mobile reception, but due to our location, and depending on the network provider, it can be a bit patchy! You won't have internet access during your course. **You will only be allowed your phones during your free time in the evening.**

RAF Stations are of a prestigious nature with a high number of visitors and trainees. Behaviour must be of the highest order at all times. If in doubt ASK!



**RAF 100 UNIFORMED ORGANISATIONS STEM RESIDENTIAL**

**RAF WITTERING 8 APRIL – 13 APRIL 2018**

**APPLICATION FORM**

**Submit before 1 February 2018 by post to :Youth and Diversity Team**

**Room F17, Taj Mahal**

**RAFC Cranwell**

**NG34 8HB**

Name: …………………………………………………………………………….………………….

Address: ……………………………………………………………………………………………

 …………………………………………………………………………………………….

 …………………………………………………………………………………………….

 Post code: …………………………………………

Date of birth: …………………………………….. Year Group: ……………………………………….

**Please note – you must be aged 14 or 15 on the first day of this course to attend and be a member of a Uniformed Youth Organisation.**

Nationality: ……………………………………...

**Please note – you will be required to show proof of British nationality.**

Please name any youth organisations of which you are a member:

………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………….

How did you hear about this course? ……………………………………………………………………………………………..

Have you attended any previous RAF STEM residential courses?  **Yes / No**

If Yes, when and where was this course attended? ……………………………………………………………………….......

………………………………………………………………………………………………………………………………………….

**Parent/Guardian contact information:** Landline telephone: ………………………………………………………………….

Mobile telephone: ……………………………………………………………………

 *(Main method of communication)* Email address: ……………………………………………………………………….

**School information:** Name of school: ……………………………………………………………………..

 Address: ………………………………………………………………………………

 ……………………………………………………………………………...

 ……………………………………………………………………………...

 Post code: ……………………………………...

 Telephone or email address: ……………………………………………………………………………...

**Tell us why you want to go on this STEM residential in no more than 150 words - use your words wisely!**

**Please tell us a little bit about your hobbies and interests inside and outside school.**

**Have you any thoughts about what career you would like to follow when you are older and why?**

**Have you stayed away from home before and what did you learn from the experience?**

**List three things you will learn from this course:**

**1.**

**2.**

**3.**

**Data Protection Act**

The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data Protection Act 1998. It is necessary for such information to be retained for legal reasons.

Only such data as is relevant to the individual’s attendance on the activity will be used or retained. Signing below indicates your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold on the individual.

**Print name (parent/guardian): ..…………………………………………………. Date: ……………………………………….**

**Signature: …………………………………………………………………………...**

HEALTH FORM

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_ National Health Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian(s) contact details whilst the student is on the Stem Residential:

Telephone Number (landline):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that any information given on this form will not necessarily prejudice the inclusion of your child/ward at this activity. It is essential that this form is completed accurately in the interests of your child’s/ward’s safety and wellbeing.
**This information will be treated in confidence.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asthma or Bronchitis | YES | NO | Severe Headaches or Migraine | YES | NO |
| Heart Condition | YES | NO | Recurring back, leg and arm problems | YES | NO |
| Fits/Fainting or Blackout | YES | NO | Learning disabilities | YES | NO |
| Anxiety or Depressive tendencies | YES | NO | Any other allergies e.g. material, food, medication | YES | NO |
| Diabetes | YES | NO | Any other illness or disability | YES | NO |
| Behavioural Problems | YES | NO | Can your child/ward be given paracetamol?  | YES | NO |

**Note**  If the answer to any of the above is **YES** please give further details below.

Is there any further information the event team should have regarding the participant’s health and wellbeing?

|  |
| --- |
|  |

**Immunisation Status**

Is your child/ward vaccinated against Tetanus?

NO

YES

Please give your family doctor’s name, address and telephone number.

Name:

Address:

Tel. No:

Is your child/ward receiving medical or surgical treatment or been given specific advice to follow in emergencies?

YES

NO

If **YES**, please give details. Please give any information you feel may be of assistance to the staff in charge of the stem residential week.

|  |
| --- |
| Current treatment:Please ensure your child/ward is aware what the medication is for and when it should be taken.If there are any details regarding the administration of the medication this information should be made available to the medical officer. If you wish the medication to be handed in to the First Aid adult, please ensure that everything is clearly identified with name, frequency/dosage. It is recommended that a spare clearly labelled inhaler or EpiPen is brought to the event to be held by the first aider. |

I have declared all medical matters that may affect my child’s participation. I will inform the officer in charge of any additional medical matter that may occur after signing this form. In the event that I cannot be reached in an emergency, I hereby give my permission to the attending physician, selected by the Officer in Charge, to treat or hospitalise my child/ward, including injection, anaesthesia, blood transfusion or surgery.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, please provide details of a relative/neighbour who may be contacted should you not be available:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Relative or neighbour – please delete as appropriate)