



**SPA Telescopes for Schools, funded by the
Science and Technology Facilities Council**

APPLICATION FORM FOR A TELESCOPE

ABOUT YOU

Name of school contact:

Position held:

Email address:

School name:

School address:

School phone number:

ABOUT YOUR SUPPORT ASTRONOMER

Name of astronomer (if known):

Email address:

Is the astronomer already known to the school?

Is the astronomer connected to a local astronomical society?

Is the astronomer connected to a university or other education-related body?

Is the astronomer a Science and Engineering Ambassador?

TERMS AND CONDITIONS

1. I will follow the school's safety code and the recommendations from the SPA Safety leaflet.
2. I will allow the support astronomer supervised access to the class(es) so the IYA2009 projects can be carried out.
3. I agree that the application information can be kept by the SPA until the end of the IYA2009 project.

I agree to the terms and conditions

Signed:

Date:

Please fill in and sign the Memorandum of Gift

Send the signed Application Form and Memorandum of Gift by post to:

SPA IYA2009, 36 Fairway, Keyworth, Nottingham NG12 5DU

IN UP TO 500 WORDS, EXPLAIN WHAT YOU AND YOUR CLASS WILL DO WITH THE TELESCOPE

What projects will you do with the telescope?

How will it increase the interest of your class in astronomy and science?

How will it develop pupils' skills?

CHECKLIST

Please check that you have:

- **Downloaded and printed both the Application Form and the Memorandum of Gift**
- **Filled in page 2 of the Application Form, describing what you want to do**
- **Signed the Application Form**
- **Signed the Memorandum of Gift.**

**Then send both documents by post (we cannot accept electronic copies) to:
SPA IYA2009, 36 Fairway, Keyworth, Nottingham NG12 5DU**