

START COMPETITION

TRIAL REGISTRATION FORM

FOR TEACHERS

Trial Registra	Appendix 1	
School Information: School name:		
School roll number: (5 letters and a number, e.g., 12345	A)	00000
School address:		
Principal's name:		
Teacher Information:		• • • • • • • • • • • • • • • • • • • •
Lead teacher name:		
Teacher's email address:		
Mobile phone number:		
Trial Information:		• • • • • • • • • • • • • • • • • • • •
Participating class(es): (e.g., 5th class, 6th class)		
Number of students parti	cipating:	
Tentative trial topic (if kno	own):	
(you can change this later)		
Estimated start date:		YY

Hov	v did you hear about the START con	npeti	tion?		
0	Social media (Facebook, X, Instagram)		InTouch Magazine		
			IPPN Principal Conference		
O	START website	$\tilde{\bigcirc}$	Galway Science and Technology Festival		
0	Flyers received in our school				
0	Email	BT Young Scien		ntist Primary	
0	Word of mouth		Science Fair		
	(friend, colleague, etc.)	0	IPPN School supp	olier magazine	
0	Meet the Scientist webinar series	0	Principal or teach	ner network	
0	Education Support Centre (ESCI)	0	Other. Please ind	icate further:	
0	INTO Education Conference				
I have participated in the START competition before Yes No					
I am happy to receive information about an evaluation					
of the START initiative				Yes No	
• • •		• • •	• • • • • • • • • •	• • • • • • • • •	
Cor	nsent:				
On behalf of the School, I confirm that the parents of each student involved in the START Competition have consented to their child's participation and have been informed that any material submitted may be used by the HRB-TMRN for promotional, educational or reporting					

What happens next?

purposes.

Additional Information:

After submitting this form, you will receive:

- Confirmation email with your registration number
- Login details for the submission website
- Information about competition deadlines

Fill this form online at www.startcompetition.com or email to startcompetition@universityofqalway.ie









