

# APPLICATION FORM

Please attach a  
 passport-sized  
 photograph  
 here

## PART 1

(Please type your answers or print in capital letters)

<b>SURNAME</b>		<b>FORENAMES</b>	
<b>DATE &amp; PLACE OF BIRTH</b>			
<b>ADDRESS</b>			
<b>TEL. NO.</b>		<b>e-mail:</b>	
<b>SCHOOL NAME</b>			
<b>SCHOOL ADDRESS</b>			
<b>TELEPHONE</b>			
<b>PRESENT FORM YEAR</b>			

**SUBJECTS ALREADY PASSED AS GCSE OR STANDARD GRADE (DATE AND GRADES)**

Month/Year	Subject	Grade	Month/Year	Subject	Grade

**SUBJECTS TO BE TAKEN AT A-LEVEL – AS LEVEL/ADVANCED HIGHERS IN 2008 - 2009**

<b>Month/Year</b>	<b>Subject/Module</b>	<b>Month/Year</b>	<b>Subject/Module</b>

**PART 2**

**6. HAVE YOU BEEN OFFERED A PLACE AT UNIVERSITY? IF SO, WHERE?**

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**7. IN WHICH FIELD DO YOU INTEND TO TAKE YOUR DEGREE?**

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**8. HOW DID YOU HEAR ABOUT THIS SUMMER COURSE?**

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**9. DO YOU HAVE ANY PRIOR KNOWLEDGE OF THE WEIZMANN INSTITUTE OF SCIENCE?**

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**10. WHAT SCIENTIFIC MATERIAL DO YOU READ ON A REGULAR BASIS?**

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**11. DO YOU HAVE BROTHERS/SISTERS?**

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**(please state with ages)**

12. CONTACT DETAILS OF PARENTS/GUARDIANS:

First Parent/Guardian

Name & Surname: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

\_\_\_\_\_

Telephone numbers: \_\_\_\_\_

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

Second Parent/Guardian

Name & Surname: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

\_\_\_\_\_

Telephone numbers: \_\_\_\_\_

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

13. TO BE COMPLETED BY APPLICANT AND PARENT OR GUARDIAN

1. I agree to accept as final the decision of the selection panels.
2. I hereby consent to my son/daughter participating in the Weizmann Institute Dr. Bessie F. Lawrence Summer Science Institute.
3. I understand it is the Foundation's policy that no qualified candidate will be denied a place through inability to meet the fees and expenses of the programme and that students are not chosen because they can afford to attend. .

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Name in block capitals*

Signature of Applicant \_\_\_\_\_

**THIS APPLICATION SHOULD BE RETURNED BY 1 FEBRUARY 2010 TO:**

**Weizmann UK  
126 Albert Street,  
London  
NW1 7NE  
Tel: 020 7424 6860  
Email: [bessie.lawrence@weizmann.org.uk](mailto:bessie.lawrence@weizmann.org.uk)**

## **PART 3**

- 14. PLEASE WRITE A PERSONAL STATEMENT ABOUT YOURSELF AND YOUR INTERESTS, ESPECIALLY THOSE IN SCIENCE. YOU SHOULD INCLUDE;**
- i) a note of anything (events, people, books) which has particularly stimulated your interest in science;
  - ii) brief details of any practical coursework, investigation or research which you have carried out in or out of school during the last 18 months. (You may be asked to give a very short (2-3 minutes) talk about this if you are invited for interview.);
  - iii) brief details of your participation in other science based activities; and
  - iv) a note of any other interests which you have.

**PLEASE PRINT OR TYPE your statement below, or attach a separate sheet**

# PART 4

NAME: \_\_\_\_\_

**IN WHICH FIELD WOULD YOU PREFER TO STUDY, DURING YOUR STAY AT THE WEIZMANN INSTITUTE OF SCIENCE?**

Mark five choices in order of preference. (1=Most strongly prefer, 5=Least strongly prefer).  
*Please note that although the preferences are taken into account we are under no obligation to provide everyone with their preferences.*

**Biochemistry**

**Plant Genetics**

**Membrane Research and Biophysics**

**Immunology**

**Molecular Genetics**

**Neurobiology**

**Molecular Cell Biology**

**Biological Regulation**

**Organic Chemistry**

**Materials & Interfaces**

**Environmental Science & Energy Research**

**Structural Biology**

**Chemical Physics**

**Physics of Complex Systems**

**Condensed Matter Physics**

**Particle Physics**

**Computer Science**

**Theoretical Mathematics**

**Applied Mathematics**

**IN WHICH FIELD DO YOU PLAN TO TAKE YOUR DEGREE AT UNIVERSITY?**

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# PART 5

## PERSONAL HEALTH HISTORY

SURNAME \_\_\_\_\_ FORENAME(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ MALE / FEMALE.

PARENT OR GUARDIAN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

If parent/guardian not available, in case of emergency notify:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

### HEALTH HISTORY (*Tick giving approximate dates*)

Convulsions		Diseases		Allergies	
Diabetes		Asthma		Hay Fever	
Epilepsy		Bronchitis		Insect Stings	
Ear Infections		Chicken Pox		Penicillin	
Eye Trouble		German Measles		Other Drugs	
Dizziness		Mononucleosis			
Fainting		Measles			
Frequent Colds		Mumps			
Headaches		Pneumonia			
Heart Trouble		Poliomyelitis			
Kidney Trouble		Rheumatic Fever			
Sleep Walking		Scarlet Fever			
Thyroid Disorder		Tuberculosis			

Have you or any of your family suffered from: Tuberculosis, Mental Illness, Epilepsy, Venereal Diseases, Nervous Breakdown, Heart Diseases, Asthma, Diabetes, Other diseases? If "yes", give details:

\_\_\_\_\_

Operations, serious injuries or disabilities (dates):

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Chronic or recurring illness

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Other diseases or details of above

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Are you taking any medication now?

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Have you ever consulted a psychiatrist, psychologist, or social worker? If so, list name, address and telephone no:

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TELEPHONE NO. \_\_\_\_\_

### **APPLICANT'S STATEMENT**

I hereby certify that, to the best of my knowledge, the above medical form is complete in all its details, and fully realise that any illness or disability that I have suffered from prior to arrival in Israel, and which is not described in full in the form or in any accompanying letter, or any extraordinary illness or complication thereof that may arise, will be due cause for my return to my country of origin or treatment in Israel at my expense. I also realise that medical coverage does not include dental treatment of any form whatsoever, or eye-glasses. All medications that I take regularly are at my expense, and have been detailed in the form. I also give my full permission for all treatment of any nature deemed necessary by doctors in Israel to be extended to me within the framework of the Medical Services of the Weizmann Institute. I acknowledge the fact that usage of or involvement with liquor, drugs or narcotics or anti-social behaviour may be cause for immediate dismissal from the programme; that no refunds will be given, and that participants dismissed from the programme will be returned home at their own expense.

Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

*(Required from applicants under 18 years of age)*

## **APPLICATION FORM 2 (For Schools)**

### **SCHOOL RECOMMENDATION FORM**

This is to be completed BY THE HEAD TEACHER, HEAD OF SCIENCE DEPARTMENT OR ADVISER and mailed **by him or her** to us.

### **NOTE TO THE HEAD TEACHER, HEAD OF SCIENCE OR ADVISOR**

The Summer Science Institute at the Weizmann Institute in Israel, conducted in English, offers an exciting summer of study and experience in various branches of science under the guidance of the Weizmann Institute's scientific staff. Applicants must have excelled in their school science studies and also have shown an interest in science beyond the classroom - in extra research projects, science competitions, summer programmes, etc. They must be in their last year of secondary school and approximately 18 years of age.

In addition, the applicant must be socially well-adjusted, able to work well in a group and mature enough to understand the need for discipline when required.

The non-scientific part of the programme will include comprehensive tours of Israel and meetings with its people. In addition to giving students who are particularly active and talented in science a chance to engage in their own scientific research, the added aspect of travel in Israel will give these students an opportunity to widen their personal and intellectual horizons by enabling them to learn something about the people and culture of Israel.

A major factor in the final selection of a candidate is your evaluation. We would appreciate your assistance in forwarding your reference – on no more than one page – to:

**Weizmann UK**  
**126 Albert Street**  
**London**  
**NW1 7NE**  
**Tel: 02074246860**  
**Email: [Bessie.lawrence@weizmann.org.uk](mailto:Bessie.lawrence@weizmann.org.uk)**

**Thank you.**

# SCHOOL REFERENCE

Please complete this reference form. We are particularly interested to learn about the applicant's commitment to science, interest in scientific research and ability to relate to and work with other young people. **Please also send also a copy of the candidate's UCAS or other similar reference as appropriate.** All references will be treated in the strictest confidence.

1. **NAME OF STUDENT** \_\_\_\_\_

2. **YOUR NAME** \_\_\_\_\_

3. **YOUR POSITION** \_\_\_\_\_

4. **SCHOOL NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **POSTCODE** \_\_\_\_\_

**TELEPHONE NO** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

5. **HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY?**

\_\_\_\_\_

\_\_\_\_\_

6. **PLEASE MARK BELOW YOUR OPINION OF THE APPLICANT:-**

<b>ACADEMICALLY</b>	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
<b>PERSONALLY</b>	<b>Most Promising</b>	<b>Promising</b>	<b>Average</b>	<b>Problematic</b>
<b>SOCIAL BEHAVIOUR</b>	<b>More Mature</b>	<b>Average</b>	<b>Immature</b>	
<b>GENERAL SCIENCE KNOWLEDGE</b>	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>

7. **DETAILS OF ANY SCIENTIFIC PROJECT IN WHICH THE APPLICANT HAS EXCELLED;**

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8. **ARE THERE ANY DIFFICULTIES IN TERMS OF GROUP ADJUSTMENT OR SOCIAL ACCEPTANCE WHICH THE APPLICANT HAS EXPERIENCED IN THE PAST?**

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any further comments to make about the applicant, which you feel would be helpful to the Selection Committee, we would appreciate if you could put these on a separate sheet.

Please give, where known, details of pupils from your School who have previously attended the Summer School (write NONE if applicable).

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**ALL REPLIES WILL BE TREATED AS CONFIDENTIAL**

## **MEDICAL EXAMINATION FORM**

**The doctor should fill out this or an equivalent statement in English, which will provide our physician with an adequate picture of the applicant's medical history and physical condition.**

### **NOTES TO THE DOCTOR**

1. The participant will be touring and working in a sub-tropical climate throughout the summer months, with temperatures reaching 100°F in the shade. The climate is mostly dry, with semi-arid conditions over a large part of the country.
2. Most of the time the participant will be living a communal form of life. He/she will be sleeping in a dormitory and mixing with many other people and eating in a communal dining room.
3. The participant will be expected to participate in a number of tours of the country, which will include hiking, climbing and other strenuous activities.
4. The doctor should also bear in mind that medical facilities available for participants in the summer programme will only cover acute illnesses and accidents. There are no facilities available within the framework for treatment of chronic diseases. Medical care will be entrusted to fully trained para-medical personnel, and a doctor will always be available on call, as will the local hospital. Where necessary, the patient will be returned to the country of origin for further treatment.
5. The medical and sanitary conditions in the programme are on a satisfactory, international level. However, it must be emphasised that the programme is a taxing one, intellectually as well as physically, and although normal healthy youth have no problems in meeting the requirements, those who suffer from disorders that do not disturb their lives in their own habitat may very well be hampered far more here due to the change in climate, diet, physical routine, etc. The doctor is requested to take the above into account.

We must be informed of any and every disability (physiological or emotional) of the applicant.

**NOTE: PLEASE ADVISE THE PATIENT WHAT VACCINATIONS, IF ANY, ARE REQUIRED.**

6. **This form should be filled out by a doctor who has known the applicant for at least 18 months prior to the completion of the form.** Any participant who, on arrival in the country or during his stay, is found to be suffering from any illness that is not mentioned in the form or in an accompanying letter will be returned to his/her country of origin at his/her own expense. In the case of any participant receiving instructions to continue treatment, or to continue receiving medicine and drugs while under the auspices of the programme, he/she should have a letter detailing the full nature of treatment. The full pharmacological name should always be used, since very often the medicine is not available under the same trade name as in the country of origin. The full pharmacological name of all medicines and drugs used by the patient should be listed.

Should any changes occur in the applicant's physical condition within the last 10 weeks before departure, it will be expected that the applicant will arrive with an explanatory letter, detailing all treatment received for the condition plus a full diagnosis of the condition, before he/she will be accepted to the programme.

**ALL MEDICAL INFORMATION WILL BE TREATED AS CONFIDENTIAL**

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# PHYSICAL EXAMINATION

(To be completed by a licensed G.P.)

	<i>NORMAL</i>	<i>ABNORMAL</i>	<i>DESCRIBE ABNORMALITY</i>
Head			
General Build			
Neck			
Ears			
Eyes			
Teeth			
Mouth, Throat			
Chest, Lungs			
Heart			
Vascular System - B.P.			
Abdomen & Viscera			
Hernia			
G.I., System			
G.U. System			
Upper Extremities			
Lower Extremities			
Spine			
Skin, Lymphatics			
Nervous System			
Mental State			

Height \_\_\_\_\_

Weight \_\_\_\_\_

Urinalysis \_\_\_\_\_

VDRL \_\_\_\_\_

SEROLOGICAL TESTS:

Haemoglobin \_\_\_\_\_ Blood Type \_\_\_\_\_ Rh \_\_\_\_\_

VISION:

Right (Corr. to) \_\_\_\_\_ Left (Corr. to) \_\_\_\_\_

HEARING:

Right \_\_\_\_\_ Left \_\_\_\_\_

MENSTRUAL HISTORY:

Regular or Irregular \_\_\_\_\_

Any gynaecological disturbances \_\_\_\_\_

Full physical activity. Capable for full physical activity \_\_\_\_\_

Restrictions \_\_\_\_\_

Special Diet \_\_\_\_\_

Recommendations \_\_\_\_\_

## DOCTOR'S STATEMENT

I have examined Mr/Miss \_\_\_\_\_ and have, to the best of my knowledge, quoted all the applicant's medical history and findings on examination. In my opinion the applicant is capable/incapable of participating in the Summer Programme as outlined in the notes.

I have known the applicant for \_\_\_\_\_ years/months.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Stamp and signature of Doctor)

\_\_\_\_\_  
(Licence Number)

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