**Lotterywest BioDiscovery Centre**



**School Booking Form**

We’re really looking forward to your visit! Could you please complete all fields in the following form and return it by email to **education@perkins.org.au**

You will receive an email confirmation of your booking within seven working days.

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Details** | | | |
| School Name |  | | |
| School Address |  | | |
| Suburb |  | Postcode |  |
| School Phone |  | | |
| Organising Teachers’ Name |  | | |
| Organising Teachers’ Email |  | | |
| Organising Teachers’ Mobile |  | | |
| Join mailing list | | | |

|  |  |
| --- | --- |
| **Activity Details** | |
| **Date of activity** |  |
| Activity  (Please select) | Year 6 / 7 *Researchers to the Rescue!*  Year 8 *Ex-Cell-ent Adventure*  Year 9 *Diagnosing Diabetes*  Year 10 Genetic *Science Tool Kit*  Year 11 Spectacular *Stem Cells*  Year 12 Understanding *Mutations* (HBS/ BS)  Year 12 PCR *& Gel Electrophoresis* (HBS/ BS)  Year 12 Protein *Power @ Perkins (Chem)*  Perkins Profs Academy |
| Accompanying teacher’s name/s and Mobile Number |  |
| **PLEASE NOTE: THE ACCOMPANYING TEACHER IS REQUIRED TO STAY WITH THE CLASS** | |
| Subject & year level |  |
| Number of students or attendees |  |
| NB: Any change in student number must be advised one week before visit | |
| **Duty of Care:**  School staff are to remain with students at all times. External providers do not have the same special duty of care relationship with students and are not responsible for personally caring for students.  Does any attendee have a medical condition, disability, mobility issue or special learning requirement?  Yes  No  If you ticked yes to the above, your school is required to attend with two adults who can accept responsibility for duty of care. | |
| Have the students attended a Lotterywest BioDiscovery Centre activity before?  Yes, please state which and when:  Some students have…  No  Don’t know | |
| Are you a:  Government school  Non-government school | |
| **Sensitivity request:** Please notify our team if a participant may be experiencing or has recently experienced a death or cancer related scenario. | |

The onus is on the **school to obtain permission for students to be photographed.** Photos taken during the session may be used by the Harry Perkins Institute of Medical Research for publicity purposes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Photographic Permission** | | | | |
| Is there any student who cannot be photographed during the session? | No    Yes | | | |
| If ‘Yes’, please provide student’s name |  | | | |
| **Payment contact details for School Finance Department** | | | | |
| Bill to | |  | | |
| ABN | |  | | |
| Attention to | |  | | |
| Address | | Same as above | | |
| Suburb | |  | Postcode |  |
| Email for school finance dept | |  | | |
| Phone | |  | | |
| Reference/purchase order number (optional) | |  | | |
| Invoices will be emailed directly to billing email address | | | | |

**Terms and conditions - Please read and sign.**

Please acknowledge that you have read and understood the following important conditions of your visit:

* Unless specific arrival and departure times have been agreed to, the activity booked will commence at **9:30 am** **and** conclude at **2:30pm**
* Dress Code: All students and teachers must comply with PC2 Laboratory requirements which requires:
* Appropriate enclosed and covered footwear (no thongs, ballet flats, high heels, sandals) to be worn.
* Long hair to be tied up and away from the face (fringes should be pinned back)
* NO food or drink (including water) can be taken into the PC2 laboratory.
* It is strongly recommended that teachers and students bring lunch/water bottle - there is limited time to purchase food during lunch break.

**CANCELLATION POLICY**

Each school activity is designed to give the students a state-of-the-art immersion in the field of biotechnology and medical research. Materials and cell cultures required for each booking are prepared a week in advance and so we request your acknowledgment of our cancellation policy. A **$100 non-refundable** **Booking Fee** will be charged at the time of Booking. The Lotterywest BioDiscovery Centre at the Harry Perkins Institute for Medical Research requests **one month’s notice** for the cancellation of a school’s booking. If this notice is not given, the school will be charged 50% of the original cost of the excursion. It is the responsibility of the organizing teacher to confirm final numbers **one week prior** to their booking. **A decrease in the number of participants will not be accepted after this point and schools will be invoiced accordingly.**

**Signature Please**

I acknowledge that I have read and agree to the terms and conditions as stated above:

Date: \_      /     /

Education Team

Lotterywest BioDiscovery Centre

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