**Royal Institution Primary Mathematics Masterclasses**

for **[year group students]** in **[term, year]** at **[Venue], [START – END TIMES]**

[In collaboration with/Kindly supported by XXX]

Dear Colleague,

Organiser’s institution, e.g. school name is delighted to offer Primary Mathematics Masterclasses in association with the Royal Institution (Ri), free of charge.

Ri Masterclasses are led by maths and science enthusiasts [ADD IF YOU ARE RUNNING 6TH FORM–PRIMARY SERIES:] including students from year [year group(s)] who are studying STEM subjects and undertaking a Royal Institution Masterclass project under teacher supervision at [school name]. Masterclasses inspire young people in the beauty and wonder of mathematics and encourage a sense of enjoyment in the subject.

Students areexpected to attend the entire series of **[six]** sessions, and the workshop will/will not include a break and a snack. A member of staff from your school will need to accompany the students, retaining responsibility for them throughout the Masterclasses.

We invite you to **nominate up to six students** in YEAR GROUP to attend – please complete the **nomination form** overleaf.

Before you complete the form, you will need to know which students you would like to bring; enclosed is a letter for parents/carers and a consent form for you to obtain their permission for their child to attend. Please see below for more information on selecting which students to attend.

We hope that you will be able to take advantage of this opportunity for your students and look forward to receiving your completed nomination form. We hope to include all schools who apply, but cannot guarantee this; if the series is over-subscribed, additional schools will be placed on a waiting list for places. *[You may wish to add details of how schools will be chosen, e.g. first come first served, or priority given to certain schools?]*

Best wishes,

[YOUR NAME]

[JOB TITLE, ORGANISATION NAME]

**Criteria: How do I select the right students?** Students selected should be in Year [year group] in [academic year] and be judged to have interest in the classes. We aim to challenge students who are well-motivated and curious about mathematics. We are keen to reach students who may not have access to similar opportunities.

**Are teachers/adults from my school required to attend? Yes,** on each Masterclass trip, the adult from your school accompanying your student group is responsible for their pastoral care at all times. **[DELETE AS APPROPRIATE:]** Therefore they must bring the **parent/carer consent form** with the medical/accessibility details,and the **emergency contact details** for the students with them on the day (plus any additional information required by your school for a school trip). It is important for the Masterclass organiser to know that parental consent has been obtained, including Ri photo consent for the sessions, so please complete that section on the nomination form. In order for the parents to be contacted with any follow-up information, the Masterclass organiser may ask for a copy of the forms. **OR:** Please ensure they have the students’ **emergency contact details** with them during the Masterclass. In addition, the host venue is required to have the **parent/carer consent form** with the medical/accessibility detailsin advance of the sessions in order to cater appropriately for the students, so please ensure you include copies of the completed consent forms when your return the nomination form to us. – *NB YOU MAY NEED TO NEED TO EDIT THE NOMINATION FORM; PLEASE ASK YOUR Ri CONTACT FOR SUPPORT WITH THIS.*

**How does the nomination process work?**

* Identify no more than [six] students who meet the criteria outlined above
* Duplicate the attached parent/carer letter and consent form, and distribute to the parents/carers of those students
* Collect the returned student consent forms, ensuring they have been completed in full and both consent statements signed by a parent/carer
* Complete the online teacher nomination form, giving details of the accompanying adults from your school

**What happens next?** [Details of next steps e.g.We will notify you two to three weeks after the nomination deadline to confirm your students’ attendance.]

*More information on the Ri Masterclass programme:* [*https://www.rigb.org/learning/ri-masterclasses/*](https://www.rigb.org/learning/ri-masterclasses/)

**Privacy notice:**

The Royal Institution and organisers of this Masterclass series process the personal details provided in the accompanying nomination form for the purpose of running the Ri Masterclass programme. All personal data entered in this form will be held securely by the Masterclass organisers for the duration of the Masterclass series. This information will also be passed to the Royal Institution and recorded in their database. The personal details you have entered onto this form will always be stored securely and they will never be passed on to third party organisations to use for their own purposes. We will use your personal data to communicate with you only in the way(s) that you have agreed to. You may amend the personal details you have entered onto this form anytime by emailing [ri@ri.ac.uk](mailto:ri@ri.ac.uk). For further details please see the Ri privacy policy (available on [www.rigb.org](http://www.rigb.org)).

**2024-25 Royal Institution Primary Mathematics Masterclasses at [series name]: Nomination form**

**To be completed by a teacher:** Please send this form by email to **[name, email address]** by **[date]**.

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| --- | --- | --- | --- | --- | --- | --- |
| **School name:** |  | | | **School postcode:** | |  |
| **Contact teacher name:** |  | **Contact teacher email:** |  | | | |
| **I would like to be notified of other opportunities for my school from:** | | | **The Ri?** Yes/No | | **The Masterclass organisers?** Yes/No | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Nominated students** (max [6]): | | Does this student have **parent/carer consent** to: | | **(OPTIONAL)** This information helps us evaluate the programme & contact parent/carers about follow-on Masterclass events; this section of the parent consent form is optional, please only pass on if completed | | | |
|  | **Student name** (inc. preferred name, if different): | **Attend the Masterclasses?** | **Be in photos/ videos?** | Gender: | Home Postcode: | Parent/Carer name: | Parent/Carer email: |
| **1** |  | Yes / No /  Not yet | Yes / No /  Not yet |  |  |  |  |
| **2** |  | Yes / No /  Not yet | Yes / No /  Not yet |  |  |  |  |
| **3** |  | Yes / No /  Not yet | Yes / No /  Not yet |  |  |  |  |
| **4** |  | Yes / No /  Not yet | Yes / No /  Not yet |  |  |  |  |
| **5** |  | Yes / No /  Not yet | Yes / No /  Not yet |  |  |  |  |
| **6** |  | Yes / No /  Not yet | Yes / No /  Not yet |  |  |  |  |
| Do any of the students have any accessibility/medical needs that will affect them at the Masterclasses? *If yes, give details, including any support that will be provided by the accompanying member of staff:* | | | | | | | |

*Please note that we cannot accept more than [SIX] students from any one school. PLEASE NOTE: School/student places are not guaranteed – you will be notified on whether/how many places are available for your school.*

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| **Responsible adults:** Students must be accompanied by a responsible adult acting on behalf of your school at all times. Please provide the name and contact details of the adults who will be accompanying the students (by providing details for teacher helpers, you confirm that you have obtained their consent to pass on their personal details to the Masterclass organisers/Ri). If you do not yet have these details, please let us know ASAP. | | |
| **Name** | **Contact details: Email & phone number (in case of emergencies)** | **Date(s) attending** |
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