**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).

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.

We invite you to **nominate up to four students** in YEAR GROUP to attend the series of NUMBER OF CLASSES Mathematics Masterclasses, free of charge.

Enclosed is a letter for parents/carers, a consent form and a nomination form.

Students areexpected to attend the entire series of **number of** sessions, and the workshop will/will not include a break and a snack. We hope that you will be able to take advantage of this opportunity for your students and look forward to receiving your completed nomination forms.

Yours sincerely,

[SIGNATURE] [YOUR NAME] [JOB TITLE, COMPANY]

**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. **They should participate in one Ri Masterclass series only, so please check that they are not attending another series this academic year**.

**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 details and 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:** The host venue is required to have the **parent/carer consent form** with the **medical details and emergency contact details** in 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.

**How does the nomination process work?**

* Identify no more than [four] 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 attached teacher nomination form, identifying the priority order of your student nominationsand list accompanying adults
* Return the consent forms for all nominated students to either [email address], or posted to [name] at the address below by **[date]** at the latest.

**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.]

How to get involved with Masterclasses <https://www.rigb.org/learning/ri-masterclasses/ri-masterclass-information-teachers>

**[Year e.g. 2022-23] Royal Institution Primary Mathematics Masterclasses**

**at [Series name]**

[In collaboration with/Kindly supported by XXX]

Information for students and parents

**Dates:** [dates]

**Venue location(s):** [venue name and address]

**From XXam to XXpm**, registration from XXam

**[Venue]** is delighted to offer Primary Mathematics Masterclasses in association with the Royal Institution (Ri). Your child has been identified by their teacher as having an interest in mathematics, and possessing the motivation required to benefit greatly from these classes.

The Ri has a nationwide Masterclass network, working with volunteers across the UK to help enrich the education of young people in the subjects of mathematics, computer science and engineering. For primary school students, the Masterclasses focus on mathematics. These series of workshops, led by enthusiastic speakers [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]. - the Masterclasses offer students a fun and inclusive opportunity to investigate mathematical ideas outside the curriculum and explore the wider aspects of the subject.

A handful of students per school have been nominated by their teachers to attend the entire series of [number of] sessions. They will see a different topic in each workshop and will get a certificate for good attendance. The [series name] Masterclass series runs on the above dates.

As this is in school time, a responsible adult from your child’s school will take the students to and from the venue and will also attend the Masterclasses.

**Attendance**

Your child’s teacher will contact you as soon as possible to confirm whether they have been successfully placed on the series. If your child is allocated a place, then they are expected to attend all the Masterclasses in the series.

**How to apply**

If your child is interested in this opportunity, please fill out the attached parent/carer consent form **completely and legibly** and return it to your nominating teacher as soon as possible. There may be a short refreshment break during the workshops, so please ensure you have given accurate medical and allergy information on the form. It is also important to fully complete the consent statements.

You should keep this letter for reference.

Best wishes,

[Signature], [Name], [Contact details] Royal Institution Learning: <https://www.rigb.org/learning>

**2022-23 Royal Institution Primary Mathematics Masterclasses at [series name]**

**Nomination form – to be completed by a teacher**

Please send this form, or all of the information requested in the form, by email to **[name, email address]** by **[date]**.

|  |  |
| --- | --- |
| **School name** |  |
| **Contact teacher** |  |
| **Email** |  |
| **Telephone no.** |  |
| **School address, inc. postcode** |  |

|  |  |
| --- | --- |
| **Nominated students** (maximum [four]): | If copies of parent/career consent forms NOT included, tick to confirm consent received for: |
| **Student name** | Order of priority | General consent including sharing student data | Ri photo consent |
|  | **1** |  |  |
|  | **2** |  |  |
|  | **3** |  |  |
|  | **4**  |  |  |
| *Add more rows if you wish to offer more places per school (max. 6)* |  |  |  |
| If parent/carer forms not included, give details of any allergy/medical/accessibility requirements in your group. **Details:** |
| Please note that we will not accept more than [four] students from any one 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 responsible 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 Ri): |
| **Name** | **Contact details: Email & phone number (in case of emergencies)** | **Date(s) attending** |
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Privacy notice: The Royal Institution and organisers of this Masterclass series process the personal details provided above 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. For further details please see the Ri privacy policy (available on [www.rigb.org](http://www.rigb.org)).

**Royal Institution Primary Mathematics Masterclasses**

for **[year group]** students at **[Venue] [Dates, times]**

**Parent/Carer consent form - TO BE COMPLETED BY A PARENT OR CARER**

Your child’s teacher would like to nominate them to attend a series of Royal Institution Mathematics Masterclasses. You can find more information about the classes on the enclosed sheet. If they are interested in attending, please fill in this consent form and return it to your teacher ASAP.

**Please make sure you have completed all questions.** Although a responsible adult from your child’s school will be attending the classes with them, the following information will allow us to appropriately cater for them during the classes.

|  |  |
| --- | --- |
| **Full name of student:** |  |
| **Student home postcode:** |  | Gender (optional): |  |
| **Emergency contact name, phone number and relation to student** (for the time of the Masterclasses)**:** |  |
| Does your child have any allergies, medical conditions, accessibility requirements or do they ordinarily receive any additional support during school we should be aware of? **Yes/No** **Details:** |

|  |
| --- |
| **WAIVER: We need your consent to process your child’s application further** I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print parent/carer name) confirm that if my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print child’s name) is invited to attend the Masterclass series:* I give permission for any necessary emergency medical treatment to be carried out while my child is at the classes.
* I understand that this data will be shared with the Ri who own the Masterclass programme and as such they may contact me about events and activities related to Ri Masterclasses.
 |
| **Photo consent**: I give approval for the Masterclass organisers and the Royal Institution (Ri) to take and use images and videos of the Masterclasses which may include my child, for outreach, fundraising, reporting and media purposes, including on social media. I understand that my child will not be named by the Ri.  |
| **Tick to confirm or reject photo consent: YES** 🞎 **NO** 🞎 | **Your initials:** |  |
| **Signed:** | **Date:** | **D** | **D** | **M** | **M** | **Y** | **Y** |

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