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| *Applicant details* | | | | | | | | | | |
| **Name of applicant:** |  | | | | | | | | | |
| **Role:**  (select from list) | Choose a role. | | | If **Other** please specify: | | |  | | | |
| **Email address of applicant:** |  | | | | | | | | | |
| **Daytime Tel. No. of applicant:** |  | | | | | | | | | |
|  | | | | | | | | | | |
| *School details* | | | | | | | | | | |
| **Name of UK school/ college:** |  | | | | | | | | | |
| **Type of school:** | Choose an item. | | | | | | | | | |
| **Additional information**  **(if applicable):** |  | | | | | | | | | |
| **Approximate age range of school:** | Choose an item. | | | | | | | | | |
| **Published admission number (PAN) for school:** | 0-49 | | 50-99- | | 100-199 | 200-299 | | | 300+ | |
| **Post code of school:** |  | | | | | | | | | |
| **Address:** |  | | | | | | | | | |
| **Town/City:** |  | | | | | | | | | |
| **County/Country:** |  | | | | | | | | | |
| **Telephone no.:**  (inc area code) |  | | | | | | | | | |
| **Is the VAT included on your department’s invoices reclaimable by your school/college?** | | | | | | | Choose an item. | | | |
|  | | | | | | | | | | |
| *Department and Curriculum information* | | | | | | | | | | |
| **No. of year groups covering microbiology-specific topics:** | | | | | | | Choose an item. | | | |
| **Approximate duration of science lessons on average per week (minutes):** | | | | | | | Choose an item. | | | |
| **Proportion of curriculum biology lessons involving practical element:** | | | | | | | Choose an item. | | | |
| **No. of dedicated science labs:** | | | | | | |  | | | |
| **No. of specialist teaching staff delivering microbiology content:** | | | | | | |  | | | |
| **Approximate annual science/biology department funding allocation:** | | | | | | | £ | | | |
| **Describe how biology is taught in your school, including the equipment and facilities for practical work, and the importance of microbiology in the curriculum for your students.** | | | | | | | | | | |
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| **Justify the equipment/services included in your grant application and describe how a successful application will improve the teaching in your establishment.** | | | | | | | | | | |
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| **Please itemise the equipment, resources or services in your bid that would help to improve the teaching of microbiology in your establishment** *[For sterilisation equipment, also include the cost of obtaining a certified WSE and organising its periodic inspection to meet the requirements of the Pressure Systems Safety Regulations (PSSR)]* | | | | | | | | | | |
| **Name and address of supplier of resource or service:** | | **Website URL (if applic­able):** *Copy & paste URL in box* | | **Item description:** | | | | **Quantity** | | **Total cost (£)** |
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| **Total cost** | | | | | | | | | | **£** |

**Terms and conditions**

Successful applicants will be asked to write a report of how the grant was spent and assess the benefits gained, for posting on the MiSAC website. Once your application form has been received and processed, you will receive confirmation by email. **The closing date for receipt of grant applications is May 31st 2024**. Successful grant applicants will be informed from **July 15th 2024**.MiSAC's decision on the allocation of grants is final. Successful applicants will be paid by cheque.

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| **Please click on the box to indicate that you agree to the terms and conditions above:** |  |
| **If you would like to receive details of other MiSAC opportunities/events by email, click on the box:** |  |

**Email the completed form (please keep a copy) to: microbe@misac.org.uk**