



Northern Ontario
School of Medicine

2010 SUMMER SCIENCE CAMP SUDBURY CAMPUS APPLICATION FORM

July 12 - 16, 2010

Section One: Instructions

Thank you for your interest in the Northern Ontario School of Medicine's (NOSM) 2010 Summer Science and completing the Application Form. We look forward to meeting you this summer!

Please submit completed packages to the contact person at your school or directly to the hospital by Monday, **May 31, 2010**.

Forms can also be submitted to:

Nathalie Clouthier

Administrative Human Resources Assistant

Services de santé de Chapleau Health

Services

(705) 864-3061

Fax: (705) 864-0449

E-mail: nclouthier@sschs.ca



Summer Science Camp Application Form

PLEASE SUBMIT BY: **May 31, 2010**

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Section Two: Application Information

Please Note: Personal information on this form is collected under the authority of the Northern Ontario School of Medicine (NOSM) in order to determine eligibility and qualifications for the Summer Science Camp Program as well as to comply with funding and reporting requirements related to the Summer Science Program, as set out by the Youth Science and Technology Outreach Program of the Ministry of Research and Innovation. Direct any questions about this collection to the Corporate Administrative Officer, at the Northern Ontario School of Medicine at 800-461-8777.

Last Name: _____ First Name: _____

Street Address: _____

Town / City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Email Address: _____

Date of Birth: _____ Gender: Boy or Girl

School Name: _____ School Contact: _____

Grade Completed by June 2010: _____ Shirt Size: _____

Are you Aboriginal? (Circle one) Yes No

Are you Francophone? (Circle one) Yes No

Please outline any health, dietary or accessibility needs below, including allergies (environmental/food):

Please Note: Students must ensure to bring their medication with them. Camp staff will not administer medication to the students. In the event of an anaphylactic shock, the student will administer his/her own prescribed medication. Staff will immediately contact Security Services Emergency Line at Laurentian University. Parents will be notified of any occurrence.



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Section Three: Parent/ Guardian Consent

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Last Name of Parent / Guardian: _____

First Name of Parent / Guardian: _____

Home Phone: _____ Daytime Phone: _____

Cell Number: _____ Email Address: _____

Name of Alternate Emergency Contact: _____

Alternate Emergency Contact Phone Number: _____

**I hereby give permission for the named student to attend the 2010 Summer
Science Camp Program at the Northern Ontario School of Medicine.**

Signature of Parent or Guardian: _____ Date: _____



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Section Four: Photo Consent

I hereby authorize the Northern Ontario School of Medicine (NOSM) and/or its associates, assistants, or subcontractors to photograph/record

Name (*please print*)

I authorize the Northern Ontario School of Medicine to use and display of said photographs and/or recordings in any School publication, multimedia production, display, or advertisement.

I agree that the Northern Ontario School of Medicine may use name, likeness, or biographical information supplied by the undersigned.

I release and forever discharge the Northern Ontario School of Medicine, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / recordings, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

Signature of Parent or Guardian

Date



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Section Five: Applicant Statement of Interest

1. Please indicate how interested you are in health occupations? (circle one)

Not at all interested

Somewhat interested

Very interested

2. Are you familiar with occupations in the health-care field?

Not at all familiar

Somewhat familiar

Very familiar

3. Are you familiar with the Northern Ontario School of Medicine (NOSM)?

Not at all familiar

Somewhat familiar

Very familiar

4. How did you hear about the program? (Circle one)

Guidance Counselor

Parent / Relative

Teacher

Youth Outreach Worker

School Staff Member

Community Centre

Previous Summer Science Camp

Friend

Participant

Community Event

Poster

Other (Please describe) _____



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Section Six: Applicant Reference

Please provide a name and contact information for one of your teachers who would be willing to provide us with a verbal reference.

Teacher's name _____

Phone number _____

Best time to contact _____

Section Seven: Grades

Please write in your math and science grades and have your teacher initial the grades. This should be the mark that you received in your last report card.

Please note that students with the highest grades will not necessarily be chosen.

All factors are considered equal in the Selection Committee's final decision.

Math _____ Teacher's initial _____

Science _____ Teacher's initial _____

