

Guide to Filling in SSEF/ISEF Forms

For SSEF 2021

The tips provided in this guide aims to address common issues faced during SSEF/ISEF form-filling.

Click on the buttons/links to navigate through the guide.

All forms can be found on the [SSEF website](#).

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Select an SSEF category:

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Grantsmanship
Category
(To be confirmed)

Junior Scientist
Category

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Click to view the
form-filling timeline

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Click to select a form:

Form			Filled in by	Endorsed by	Dated before or after start of experimentation
No.	Name	Compulsory			
-	SSEF Entry Form	✓	Student(s)	Teacher mentor	-
1	Checklist for Adult Sponsor	✓	Teacher mentor	Teacher mentor	Before
1A	Student Checklist	✓	Student(s)	-	Before
1B	Approval Form	✓	Student(s)	Parent & SRC/IRB	Before
1C	Regulated Research Institutional Setting Form	If applicable	Research mentor	Research mentor	After
2	Qualified Scientist Form	If applicable	Research mentor	Research mentor	Before
3	Risk Assessment Form	If applicable	Student(s)	Research mentor	Before
4	Human Participants Form	If applicable	Student(s)	IRB	Before
5A	Vertebrate Animal Form	If applicable	Student(s)	SRC & research mentor	Before
5B	Vertebrate Animal Form	If applicable	Research mentor	Research mentor	Before
6A	Potentially Hazardous Biological Agents Risk Assessment Form	If applicable	Research mentor	SRC & research mentor	Before
6B	Human and Vertebrate Animal Tissue Form	If applicable	Student(s)	Research mentor	Before
7	Continuation/Research Progression Projects Form	If applicable	Student(s)	Student(s)	After

Find out which forms (1C-7) are required by using the [Rules Wizard](#).

FORM-FILLING TIMELINE

First day of
experimentation/
data collection
declared on Form 1A

PERIOD OF EXPERIMENTATION/
DATA COLLECTION:
MAXIMUM 365 DAYS

Last day of
experimentation/
data collection
declared on Form 1A

Date forms on or before first
day of experimentation/
data collection:

- [1](#)
- [1A](#)
- [1B](#)
- [2](#)
- [3](#)
- [4](#)
- [5A](#)
- [5B](#)
- [6A](#)
- [6B](#)

Date forms on or after last
day of experimentation/
data collection:

- [1C](#)
- [7](#)
- [SSEF Entry Form](#)

For all dates, use MM/DD/YYYY format

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SSEF Entry Form

Compulsory?	Filled in by	Endorsed by
✓	Student(s)	Teacher mentor

Project code format:
XX123, e.g. CH015

Project Code:

SINGAPORE SCIENCE & ENGINEERING FAIR 2021 ENTRY FORM

Please refer to the SSEF 2021 website (<http://www.science.edu.sg/ssef>) for details on the application process and all the submission requirements. All documents must be received by **Monday, 11 January 2021, 23:59**.

PROJECT INFORMATION

Type of Participation:

Individual
Team

Project Category*:

Project Sub-Category*:

Title of Research Project:

These should be the same as what was indicated during online registration. Please contact the SSEF organising committee if there are changes to be made.

Refer to **Annex A** of the form for the list of categories and sub-categories.

Individual projects

Team projects

Main Category

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SSEF Entry Form (continued)

Individual projects only need to fill in this section.

DECLARATION BY PARTICIPANT(S) ⁵		
I / We hereby certify that all the information provided to SSEF organisers is correct. I / We did not plagiarise material, forge or fabricate data, use or present other researcher's work as our own in my / our research project. I / We consent to the use of the information / project I / we submit to the organisers for publicity purpose. I / We understand that all the materials I / we submit will not be returned to me / us.		
Individual / Team Leader (i.e. team member 1)		
Full name:		School Level (eg. Sec 3, IP4)
Signature:	School:	Date:
For Team Projects:		
Team Member 2		
Full name:		School Level (eg. Sec 3, IP4)
Signature:	School:	Date:
Team Member 3		
Full name:		School Level (eg. Sec 3, IP4)
Signature:	School:	Date:

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SSEF Entry Form (continued)

For **individual** projects, only this section needs to be filled.

SCHOOL'S ENDORSEMENT	
For individual project / team projects with members from the <u>same</u> school	
Teacher-in-charge's full name:	Teacher-in-charge's email address:
Teacher-in-charge's signature:	Date:

SCHOOL'S ENDORSEMENT	
For team projects with members from <u>different</u> schools	
For team member 1	
Teacher-in-charge's full name:	Teacher-in-charge's email address:
Teacher-in-charge's signature:	Date:
For team member 2	
Teacher-in-charge's full name:	Teacher-in-charge's email address:

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SSEF Entry Form (continued)

For **team** projects, this section should be filled in by the team leader, who would be the main point of contact for SSEF.

Team projects need to fill in this section. 'Team Member 3' can be left blank if there are only two members in the team.

DECLARATION BY PARTICIPANT(S) ⁵		
I / We hereby certify that all the information provided to SSEF organisers is correct. I / We did not plagiarise material, forge or fabricate data, use or present other researcher's work as our own in my / our research project. I / We consent to the use of the information / project I / we submit to the organisers for publicity purpose. I / We understand that all the materials I / we submit will not be returned to me / us.		
Individual / Team Leader (i.e. team member 1)		
Full name:	School Level (eg. Sec 3, IP4)	
Signature:	School:	Date:
For Team Projects:		
Team Member 2		
Full name:	School Level (eg. Sec 3, IP4)	
Signature:	School:	Date:
Team Member 3		
Full name:	School Level (eg. Sec 3, IP4)	
Signature:	School:	Date:

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SSEF Entry Form (continued)

For **team** projects with members from the **same school**, only this section needs to be filled.

SCHOOL'S ENDORSEMENT	
For individual project / team projects with members from the <u>same</u> school	
Teacher-in-charge's full name:	Teacher-in-charge's email address:
Teacher-in-charge's signature:	Date:

For **team** projects with members from **different schools**, only this section needs to be filled. The teacher-in-charge from each school needs to sign on the same form.

SCHOOL'S ENDORSEMENT	
For team projects with members from <u>different</u> schools	
For team member 1	
Teacher-in-charge's full name:	Teacher-in-charge's email address:
Teacher-in-charge's signature:	Date:
For team member 2	
Teacher-in-charge's full name:	Teacher-in-charge's email address:

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Form 1: Checklist for Adult Sponsor

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
✓	Teacher mentor	Teacher mentor	Before

If project team members are from different schools, this form should be completed by the team leader’s teacher mentor.

*Compulsory items

Checklist for Adult Sponsor (1)

This completed form is required for ALL projects.

To be completed by the Adult Sponsor in collaboration with the student researcher(s):

*Student’s Name(s): _____

*Project Title: _____

*1. I have reviewed the ISEF Rules and Guidelines, including the science fair ethics statement.

*2. I have reviewed the student’s completed Student Checklist (1A) and Research Plan/Project Summary.

*3. I have worked with the student and we have discussed the possible risks involved in the project.

4. The project involves one or more of the following and requires prior approval by an SRC, IRB, IACUC or IBC:

<input type="checkbox"/> Humans	Potentially Hazardous Biological Agents
<input type="checkbox"/> Vertebrate Animals	<input type="checkbox"/> Microorganisms <input type="checkbox"/> rDNA <input type="checkbox"/> Tissues

*5. Items to be completed for **ALL PROJECTS**

<input type="checkbox"/> Adult Sponsor Checklist (1)	<input type="checkbox"/> Research Plan/Project Summary
<input type="checkbox"/> Student Checklist (1A)	<input type="checkbox"/> Approval Form (1B)
<input type="checkbox"/> Regulated Research Institutional/Industrial Setting Form (1C) (when applicable; after completed experiment)	
<input type="checkbox"/> Continuation/Research Progression Form (7) (when applicable)	

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Form 1: Checklist for Adult Sponsor (continued)

Teacher mentor to check that all relevant forms have been prepared by students.
Find out which forms (1C-7) are required by using the [Rules Wizard](#).

Additional forms required if the project includes the use of one or more of the following (check all that apply):

- Humans**, including student designed inventions/prototypes. (Requires prior approval by an Institutional Review Board (IRB); see full text of the rules.)
 - Human Participants Form (4) or appropriate Institutional IRB documentation
 - Sample of Informed Consent Form (when applicable and/or required by the IRB)
 - Qualified Scientist Form (2) (when applicable and/or required by the IRB)

- Vertebrate Animals** (Requires prior approval, see full text of the rules.)
 - Vertebrate Animal Form (5A) -for projects conducted in a school/home/field research site (SRC prior approval required.)
 - Vertebrate Animal Form (5B) -for projects conducted at a Regulated Research Institution. (Institutional Animal Care and Use Committee (IACUC) approval required prior experimentation.)
 - Qualified Scientist Form (2) (Required for all vertebrate animal projects at a regulated research site or when applicable)

- Potentially Hazardous Biological Agents** (Requires prior approval by SRC, IACUC or IBC, see full text of the rules.)
 - Potentially Hazardous Biological Agents Risk Assessment Form (6A)
 - Human and Vertebrate Animal Tissue Form (6B) -to be completed in addition to Form 6A when project involves the use of fresh or frozen tissue, primary cell cultures, blood, blood products and body fluids.
 - Qualified Scientist Form (2) (when applicable)
 - The following are exempt from prior review but require a Risk Assessment Form 3: projects involving protists, archae and similar microorganisms, for projects using manure for composting, fuel production or other non-culturing experiments, projects using color change coliform water test kits, microbial fuel cells, and projects involving decomposing vertebrate organisms.

- Hazardous Chemicals, Activities and Devices** (No SRC prior approval required, see full text of the rules.)
 - Risk Assessment Form (3)
 - Qualified Scientist Form (2) (required for projects involving DEA-controlled substances or when applicable)

- Other**
 - Risk Assessment Form (3)

Form 1: Checklist for Adult Sponsor (continued)

*Compulsory items

* I attest to the information checked above and that I have read and agree to abide by the science fair ethics statement.

* _____
*Adult Sponsor's Printed Name

* _____
*Signature

* _____
*Date of Review (mm/dd/yy)

* _____
*Phone

* _____
*Email

'Date of Review' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.

Use date format **MM/DD/YY** (e.g. 01/31/20)

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Form 1A: Student Checklist

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
✓	Student(s)	Parent and SRC/IRB	Before

All items are compulsory

For team projects with members from different schools, these should be based on the school that the **team leader** is from and who his or her teacher mentor is.

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: _____ Grade: _____
Email: _____ Phone: _____

b. Team Member: _____ c. Team Member: _____

2. Title of Project: _____

3. School: _____ School Phone: _____
School Address: _____

4. Adult Sponsor: _____ Phone/Email: _____

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Form 1A: Student Checklist (continued)

5. Does this project need SRC/IRB/IACUC or other pre-approval? Yes No Tentative start date: _____

'Yes' for projects that involve:

- **humans** (inclusive of the research participants involved in surveys or interviews),
- **vertebrates**, or
- **PHBAs**

Take note that additional forms are required for such projects.

6. Is this a continuation/progression from a previous year? Yes No

If Yes:

a. Attach the previous year's Abstract **and** Research Plan/Project Summary

b. Explain how this project is new and different from previous years on

Continuation/Research Progression Form (7)

'Yes' for projects that are a **continuation** from a previous year's project.

Take note that [Form 7](#) is required for such projects.

Form 1A: Student Checklist (continued)

7. This year's laboratory experiment/data collection:

Actual Start Date: (mm/dd/yy)

End Date: (mm/dd/yy)

- Indication of project start and end dates – required for **ALL** projects (including computing-based projects, even if there is no experimentation involved)
- Project must be conducted between 1 Jan 2020 – 21 Jan 2021 but total duration of research done must not exceed 365 days

Actual Start Date	Actual End Date	Eligible?
1 Jan 2020	21 Jan 2021	No
1 Jan 2020	31 Dec 2020	Yes
21 Jan 2020	21 Jan 2021	No
22 Jan 2020	21 Jan 2021	Yes

- 'Actual Start Date' must be **on/after** 'Date of Review' indicated on [Form 1](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

Form 1A: Student Checklist (continued)

'Other' for projects that used publicly available data

Only for projects that are **not** conducted in research institutions

8. Source of Data:

Collected self/mentor Other Describe/url: _____

9. List name and address of all non-home and non-school work site(s):

Name: _____

Address: _____

Phone/
email _____

10. Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions and attach to this form.

11. An abstract is required for all projects after experimentation.

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Form 1B: Approval Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
✓	Student(s)	Parent and SRC/IRB	Before

One form is required per student, e.g. a team comprising three students should have three copies of Form 1B.

Approval Form (1B)

A completed form is required for each student, including all team members.

1. To Be Completed by Student and Parent

a. Student Acknowledgment:

- I understand the risks and possible dangers to me of the proposed research plan.
- I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting this research.
- I have read and will abide by the science fair ethics statement.

Student researchers are expected to maintain the highest standards of honesty and integrity. Scientific fraud and misconduct are not condoned at any level of research or competition. Such practices include but are not limited to plagiarism, forgery, use or presentation of other researcher's work as one's own, and fabrication of data. Fraudulent projects will fail to qualify for competition in affiliated fairs and ISEF.

Student's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
Parent/Guardian's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

Item 1 is compulsory

'Date Acknowledged' must be on/before the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.

Use date format **MM/DD/YY** (e.g. 01/31/20)



Form 1B: Approval Form (continued)

2. To be completed by the local or affiliated Fair SRC

(Required for projects requiring prior SRC/IRB APPROVAL. Sign 2a or 2b as appropriate.)

a. Required for projects that need prior SRC/IRB approval **BEFORE** experimentation (humans, vertebrates or potentially hazardous biological agents).

The SRC/IRB has carefully studied this project's **Research Plan/Project Summary** and all the required forms are included. My signature indicates approval of the **Research Plan/Project Summary** before the student begins experimentation.

SRC/IRB Chair's Printed Name

Signature

Date of Approval (mm/dd/yy)
(Must be prior to experimentation.)

OR

b. Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval.

This project was conducted at a regulated research institution (**not home or high school, etc.**), was reviewed and approved by the proper institutional board before experimentation and complies with the ISEF Rules. **Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).**

SRC Chair's Printed Name

Signature

Date of Signature (mm/dd/yy)
(May be after experimentation)

- Projects conducted **outside of research institutions** and involve humans, vertebrates, or PHBAs need to complete item 2a. Please contact the SSEF organising committee for assistance if your school does not have its own SRC/IRB.
- 'Date of Approval' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

Projects conducted **in research institutions** which involve humans, vertebrates, or PHBAs can leave item 2 blank. This will be filled up by the SSEF SRC upon receipt of forms.

Form 1B: Approval Form (continued)

Leave item 3 blank. This will be filled up by the SSEF SRC upon receipt of forms.

3. Final ISEF Affiliated Fair SRC Approval(Required for ALL Projects)

SRC Approval After Experimentation and Before Competition at Regional/State/National Fair

I certify that this project adheres to the approved **Research Plan/Project Summary** and complies with all ISEF Rules.

Regional SRC Chair's Printed Name

Signature

Date of Approval (mm/dd/yy)

State/National SRC Chair's Printed Name
(where applicable)

Signature

Date of Approval (mm/dd/yy)

Form 1C: Regulated Research Institutional Setting Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
For projects conducted in research institutions	Research mentor	Research mentor	After

*Compulsory items

Regulated Research Institutional/Industrial Setting Form (1C)

This form must be completed **AFTER** experimentation by the adult supervising the student research conducted in a regulated research institution, industrial setting or any work site other than home, school or field.

* Student's Name(s) _____

* Title of Project _____

To be completed by the Supervising Adult in the Setting (NOT the Student(s)) after experimentation:

(Responses must be on the form as it is required to be displayed at student's project booth; please do not print double-sided.)

The student(s) conducted research at my work site:

- * 1. Did you or your proxy (e.g. graduate student, postdoc, employee) mentor or provide substantial guidance to the student researcher? Yes No
- a. If no, describe your and/or your institution's role with the student researcher and his/her project (e.g. supervised use of equipment on site without ongoing mentorship and sign below.

b. If yes, complete questions 2-5.

Form 1C: Regulated Research Institutional Setting Form (continued)

Items 2 to 5 need to be completed only if 'Yes' was selected in item 1.

2. Is the student's research project a subset of your ongoing research or work? Yes No
Use questions 3, 4 and 5 to detail how the student's project was similar and/or different from ongoing research or work at your site. If this project is under a grant and needs to be acknowledged, please list the grant statement here.

3. Describe the independence and creativity with which the student:
a. developed the hypotheses or engineering goals for the research project

- b. designed the methodology for his/her research project

- c. analyzed and interpreted data

4. Detail the student's role in conducting the research (e.g. data collection, specific procedures performed). Differentiate what the student observed and what the student actually did.

5. Did the student(s) work on the project as part of a group? Yes No
If yes, how many individuals were in the group and who were they (e.g. high school students, graduate students, faculty, professional researchers)?

Form 1C: Regulated Research Institutional Setting Form (continued)

*Compulsory items

I attest that the student has conducted the work as indicated above and that any required review and approval by institutional regulatory board (IRB/IACUC/IBC) has been obtained. Copies are attached if applicable. I further acknowledge that the student will be presenting this work publicly in competition and I have communicated with the student research regarding any requirements for my review and/or restrictions of what is publicized.

* _____ Supervising Adult's Printed Name	* _____ Signature	* _____ Title
* _____ Institution		* _____ Date Signed (must be after experimentation) (mm/dd/yy)
* _____ Address		* _____ Email/Phone

- 'Date Signed' must be **on/after** the 'Actual End Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

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Form 2: Qualified Scientist Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
For projects involving human participants, vertebrate animals, PHBAs, and hazardous substances and devices.	Research mentor	Research mentor	Before

All items are compulsory

Qualified Scientist Form (2)
 May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and hazardous substances and devices. Must be completed and signed before the start of student experimentation.

Student's Name(s) _____

Title of Project _____

To be completed by the Qualified Scientist:

Scientist Name: _____

Educational Background: _____ Degree(s): _____

Experience/Training as relates to the student's area of research

Position: _____ Institution: _____

Address: _____ Email/Phone: _____

To be filled in by the research mentor

Next

Form 2: Qualified Scientist Form (continued)

All items are compulsory

1. Have you reviewed the ISEF rules relevant to this project and the science fair ethics statement relevant to this project? Yes No

2. Will any of the following be used?
 - a. Human participants Yes No
 - b. Vertebrate animals Yes No
 - c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) Yes No
 - d. Hazardous substances and devices Yes No

3. Will this study be a sub-set of a larger study? Yes No

4. Will you directly supervise the student? Yes No
 - a. If no, who will directly supervise and serve as the Designated Supervisor?
 - b. Experience/Training of the Designated Supervisor: _____

Form 2: Qualified Scientist Form (continued)

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Summary prior to the start of the experimentation. If the student or Designated Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Summary. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

Qualified Scientist's Printed Name

Signature

Date of Approval (mm/dd/yy)

To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the Research Plan/Project Summary and have been trained in the techniques to be used by this student, and I will provide direct supervision.

Designated Supervisor's Printed Name

Signature

Date of Approval (mm/dd/yy)

Phone

Email

- To be filled in by the research mentor
- 'Date of Approval' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

- If the research mentor is unable to directly supervise the research process, a designated supervisor can be appointed to oversee the student(s). The designated supervisor would need to complete this section.
- 'Date of Approval' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

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Form 3: Risk Assessment Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
For projects that involve experimentation (i.e. not required for projects that are entirely computational)	Student(s)	Research mentor	Before

All items are compulsory

Risk Assessment Form (3)
Must be completed before experimentation.

Student's Name(s) _____

Title of Project _____

To be completed by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist: (All questions must be answered; additional page(s) may be attached.)

- List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).
- Identify and assess the risks and hazards involved in this project.
- Describe the safety precautions and procedures that will be used to reduce the risks.
- Describe the disposal procedures that will be used (when applicable).
- List the source(s) of safety information.



Form 3: Risk Assessment Form (continued)

All items are compulsory

To be completed and signed by the Designated Supervisor (or Qualified Scientist, when applicable):
I agree with the risk assessment and safety precautions and procedures described above. I certify that I have reviewed the Research Plan/Project Summary and the International Rules, including the science fair ethics statement and will provide direct supervision.

_____	_____	_____
Designated Supervisor's Printed Name	Signature	Date of Review (mm/dd/yy)
_____	_____	_____
Position & Institution	Phone or email contact information	

Experience/Training as relates to the student's area of research		

- 'Date of Review' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

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Form 4: Human Participants Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
For projects conducted outside of research institutions involving human participants*	Student(s)	IRB	Before

*This includes research participants involved in surveys or interviews.

Projects conducted **at research institutions** that involve human participants would still require IRB approval.

All items are compulsory

To be filled in by student(s) together with teacher/research mentor

Human Participants Form (4)

Required for all research involving human participants not at a Regulated Research Institution. If at a Regulated Research Institution, use institutional approval forms for documentation of prior review and approval. (IRB approval required before recruitment or data collection.)

Student's Name(s) _____ Title of Project _____

Adult Sponsor _____ Phone/Email _____

MUST BE COMPLETED BY STUDENT RESEARCHER(S) IN COLLABORATION WITH THE ADULT SPONSOR/DESIGNATED SUPERVISOR/QUALIFIED SCIENTIST:

1. I have submitted my Research Plan/Project Summary which addresses ALL areas indicated in the Human Participants Section of the Research Plan/Project Summary Instructions.
2. I have attached any surveys or questionnaires I will be using in my project or other documents provided to human participants.
 - Any published instrument(s) used was /were legally obtained.
3. I have attached an informed consent that I would use if required by the IRB.
4. Yes ...No Are you working with a Qualified Scientist? If yes, attach the Qualified Scientist Form 2.

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Form 4: Human Participants Form (continued)

The following section is to be filled in by an IRB, including one medical/mental health professional, one educator and one school administrator. Please contact the SSEF organising committee for assistance if your school does not have its own IRB.

BELOW - IRB USE ONLY

MUST BE COMPLETED BY INSTITUTIONAL REVIEW BOARD (IRB) AFTER REVIEW OF THE RESEARCH PLAN. ALL QUESTIONS MUST BE ANSWERED FOR THE APPROVAL TO BE VALID. (IF NOT APPROVED, RETURN PAPERWORK TO THE STUDENT WITH INSTRUCTIONS FOR MODIFICATIONS.)

Approved with Full Committee Review (3 signatures required) and the following conditions: **(All 6 must be answered)**

- Risk Level (check one) : Minimal Risk More than Minimal Risk
- Qualified Scientist (QS) Required (Form 2): Yes No
- Designated Supervisor (DS) Required (Form 3): Yes No
- Written Minor Assent required for minor participants:
 - Yes No Not applicable (No minors in this study)
- Written Parental Permission required for minor participants:
 - Yes No Not applicable (No minors in this study)
- Written Informed Consent required for participants 18 years or older:
 - Yes No Not applicable (No participants 18 yrs or older in this study)

IRB SIGNATURES (All 3 signatures required) None of these individuals may be the adult sponsor, designated supervisor, qualified scientist or related to (e.g., mother, father of) the student (conflict of interest).

I attest that I have reviewed the student's project, that the checkboxes above have been completed to indicate the IRB determination and that I agree with the decisions above.

Medical or Mental Health Professional (a psychologist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, doctor of pharmacy, or registered nurse) with expertise related to this project

All items are compulsory

- 'Date of Approval' must be on/before the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

Medical or Mental Health Professional (a psychologist, medical doctor, licensed social worker, licensed clinical professional counselor, physician's assistant, doctor of pharmacy, or registered nurse) with expertise related to this project	
Printed Name	Educator
Signature	Signature
Printed Name	Degree/Professional License
Signature	Date of Approval (Must be prior to experimentation.) (mm/dd/yy)
School Administrator	
Printed Name	Degree/Professional License
Signature	Date of Approval (Must be prior to experimentation.) (mm/dd/yy)

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Form 4: Human Participants Form – Human Informed Consent Form

The Human Informed Consent Form is used to provide information to the research participant regarding the project and to document consent or parental permission. Research participants involved in surveys or interviews are also required to complete this form.

Human Informed Consent Form

Instructions to the Student Researcher(s): An informed consent/assent/permission form should be developed in consultation with the Adult Sponsor, Designated Supervisor or Qualified Scientist. This form is used to provide information to the research participant (or parent/guardian) and to document written informed consent, minor assent, and/or parental permission.

- When written documentation is required, the researcher keeps the original, signed form.
- Students may use this sample form or may copy ALL elements of it into a new document.

If the form is serving to document parental permission, a copy of any survey or questionnaire must be attached.

Student Researcher(s): _____
Title of Project: _____

I am asking for your voluntary participation in my science fair project. Please read the following information about the project. If you would like to participate, please sign in the appropriate area below.

Purpose of the project:

If you participate, you will be asked to:

Time required for participation:

Potential Risks of Study:

Benefits:

How confidentiality will be maintained:

If you have any questions about this study, feel free to contact:

Adult Sponsor/QS/DS: _____ Phone/email: _____

All items are compulsory

This section is to be filled in by student(s) together with teacher/research mentor.

After filling in this section, the consent form can be photocopied for all research participants to complete.

Form 4: Human Participants Form – Human Informed Consent Form (continued)

This section of the consent form is to be completed by research participants (including those involved in surveys or interviews).

All completed consent forms should be kept by students for documentation purposes.

Voluntary Participation:

Participation in this study is completely voluntary. If you decide not to participate there will not be negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question.

By signing this form I am attesting that I have read and understand the information above and I freely give my consent/ assent to participate or permission for my child to participate.

Adult Informed Consent or Minor Assent
(mm/dd/yy)

Date Reviewed & Signed: _____

Research Participant Printed Name:

Signature:

Parental/Guardian Permission (if applicable)

Date Reviewed & Signed: _____
(mm/dd/yy)

Parent/Guardian Printed Name:

Signature:

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Form 5A: Vertebrate Animal Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
For projects conducted outside of research institutions involving vertebrate animals	Student(s)	SRC and research mentor	Before

Note: For projects conducted at research institutions that involve vertebrate animals, refer to [Form 5B](#).

All items are compulsory

To be filled in by student(s)

Vertebrate Animal Form (5A)

Required for all research involving vertebrate animals that is conducted in a school/home/field research site. (SRC approval required before experimentation.)

Student's Name(s) _____

Title of Project _____

To be completed by Student Researcher:

1. Common name (or Genus, species) and number of animals used.
2. Describe completely the housing and husbandry to be provided. Include the cage/pen size, number of animals per cage, environment, bedding, type of food, frequency of food and water, how often animal is observed, etc. Add an additional page as necessary.
3. What will happen to the animals after experimentation?
4. Attach a copy of wildlife licenses or approval forms, as applicable
5. The ISEF Vertebrate Animal Rules require that any death, illness or unexpected weight loss be investigated and documented by a letter from the qualified scientist, designated supervisor or a veterinarian. If applicable, attach this letter with this form when submitting your paperwork to the SRC prior to competition.



Form 5A: Vertebrate Animal Form (continued)

This section is to be filled in an SRC to determine if a designated supervisor and/or certification by a veterinarian would be required. Please contact the SSEF organising committee for assistance if your school does not have its own SRC.

To be completed by Local or Affiliate Fair Scientific Review Committee (SRC) BEFORE experimentation.

Level of Supervision Required for agricultural, behavioral or nutritional studies (select one):

- Designated Supervisor REQUIRED. Please have applicable person sign below.
- Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.
- Veterinarian, Designated Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and have the Qualified Scientist complete Form (2).

The SRC has carefully reviewed this study and finds it is an appropriate study that may be conducted in a non-regulated research site.

Local or Affiliate Fair SRC Pre-Approval Signature:

<hr/>	<hr/>	<hr/>
SRC Chair Printed Name	Signature	Date of Approval (must be prior to experimentation) (mm/dd/yy)

<p>To be completed by Veterinarian:</p> <ul style="list-style-type: none"><input type="checkbox"/> I have reviewed this research and animal husbandry with the student before the start of experimentation.<input type="checkbox"/> I have approved the use and dosages of prescription drugs and/or nutritional supplements.<input type="checkbox"/> I will provide veterinary medical and nursing care in case of illness or emergency. (Fees may apply.) <table border="1" style="width: 100%;"><tr><td style="width: 50%;"><hr/></td><td style="width: 50%;"><hr/></td></tr><tr><td>Printed Name</td><td>Email/Phone</td></tr><tr><td><hr/></td><td><hr/></td></tr><tr><td>Signature</td><td>Date of Approval (mm/dd/yy)</td></tr></table>	<hr/>	<hr/>	Printed Name	Email/Phone	<hr/>	<hr/>	Signature	Date of Approval (mm/dd/yy)	<p>To be completed by Designated Supervisor or Qualified Scientist when applicable:</p> <ul style="list-style-type: none"><input type="checkbox"/> I have reviewed this research and animal husbandry with the student before the start of experimentation and I accept primary responsibility for the care and handling of the animals in this project.<input type="checkbox"/> I will directly supervise the experiment. <table border="1" style="width: 100%;"><tr><td style="width: 50%;"><hr/></td><td style="width: 50%;"><hr/></td></tr><tr><td>Printed Name</td><td>Email/Phone</td></tr><tr><td><hr/></td><td><hr/></td></tr><tr><td>Signature</td><td>Date of Approval (mm/dd/yy)</td></tr></table>	<hr/>	<hr/>	Printed Name	Email/Phone	<hr/>	<hr/>	Signature	Date of Approval (mm/dd/yy)
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Form 5A: Vertebrate Animal Form (continued)

- Certification by a veterinarian is required if the project involves any of the following:
- animal husbandry
 - supplemental nutrition, administration of prescription drugs and/or activities that would not be ordinarily encountered in the animal's daily life
 - 'Date of Approval' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
 - Use date format **MM/DD/YY** (e.g. 01/31/20)

To be completed by Local or Affiliate Fair Scientific Review Committee (SRC) BEFORE experimentation.

Level of Supervision Required for agricultural, behavioral or nutritional studies (select one):

- Designated Supervisor REQUIRED. Please have applicable person sign below.
- Veterinarian and Designated Supervisor REQUIRED. Please have applicable persons sign below.
- Veterinarian, Designated Supervisor and Qualified Scientist REQUIRED. Please have applicable persons sign below and have the Qualified Scientist complete Form (2).

The SRC has carefully reviewed this study and finds it is an appropriate study that may be conducted in a non-regulated research site.

Local or Affiliate Fair SRC Pre-Approval Signature:

_____	_____	_____
SRC Chair Printed Name	Signature	Date of Approval (must be prior to experimentation) (mm/dd/yy)

To be completed by Veterinarian:		To be completed by Designated Supervisor or Qualified Scientist when applicable:	
<input type="checkbox"/> I have reviewed this research and animal husbandry with the student before the start of experimentation.	<input type="checkbox"/> I have reviewed this research and animal husbandry with the student before the start of experimentation and I accept primary responsibility for the care and handling of the animals in this project.		
<input type="checkbox"/> I have approved the use and dosages of prescription drugs and/or nutritional supplements.	<input type="checkbox"/> I will directly supervise the experiment.		
<input type="checkbox"/> I will provide veterinary medical and nursing care in case of illness or emergency. (Fees may apply.)			
_____	_____	_____	_____
Printed Name	Email/Phone	Printed Name	Email/Phone
_____	_____	_____	_____
Signature	Date of Approval (mm/dd/yy)	Signature	Date of Approval (mm/dd/yy)

- The research mentor (or designated supervisor) is required to directly supervise all research involving vertebrate animals, except for observational studies.
- 'Date of Approval' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
 - Use date format **MM/DD/YY** (e.g. 01/31/20)

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Form 5B: Vertebrate Animal Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
For projects conducted at research institutions involving vertebrate animals	Research mentor	Research mentor	Before

Note: For projects conducted outside of research institutions that involve vertebrate animals, refer to [Form 5A](#).

All items are compulsory

Vertebrate Animal Form (5B)
Required for all research involving vertebrate animals that is conducted in at a Regulated Research Institution. (IACUC approval required before experimentation. Form must be completed and signed after experimentation.)

Student's Name(s) _____

Title of Project _____

Title and Protocol Number of IACUC Approved Project _____

To be completed by Qualified Scientist or Principal Investigator:

1. Species of animals used: _____ Number of animals used: _____

2. Describe, in detail, the role of the student in this project: animal procedures and related equipment that were involved, oversight provided and safety precautions employed. (Attach extra pages if necessary.)

3. Was there any weight loss or death of any animal? If yes, attach a letter obtained from the qualified scientist, designated supervisor or a veterinarian documenting the situation and the results of the investigation.

4. Did the student's project also involve the use of tissues?
 No
 Yes; complete Forms 6A and 6B

5. What laboratory training, including dates, was provided to the student?



Form 5B: Vertebrate Animal Form (continued)

Note that a copy of IACUC Approval from the research institution is required to be attached.

6. Attach a copy of the Regulated Research Institution IACUC Approval. A letter from the Qualified Scientist or Principal Investigator is not sufficient.

Qualified Scientist/Principal Investigator	
Printed Name	
Signature	Date (mm/dd/yy)

- 'Date' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

Form 6A: Potentially Hazardous Biological Agents Risk Assessment Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
For projects involving PHBAs*	Research mentor	SRC and research mentor	Before

*PHBAs include:

- microorganisms,
- rDNA,
- fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures),
- blood,
- blood products and
- body fluids.

Projects involving these PHBAs need to submit **both Forms 6A and 6B**.

Refer to the [Guidelines for Science and Engineering Fairs 2020-2021](#) for exempt studies/tissues.

Form 6A: Potentially Hazardous Biological Agents Risk Assessment Form (continued)

Sections 1 and 2 should be completed by the research mentor, in collaboration with the student(s).

All items are compulsory

Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids.
SRC/IACUC/IBC approval required before experimentation.

Student's Name(s) _____

Title of Project _____

To be completed by the **QUALIFIED SCIENTIST/DESIGNATED SUPERVISOR** in collaboration with the student researcher(s). All questions are applicable and must be answered; additional page(s) may be attached.

SECTION 1: PROJECT ASSESSMENT

1. Identify potentially hazardous biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each microorganism.
2. Describe the site of experimentation including the level of biological containment.
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.

SECTION 2: TRAINING

1. What training will the student receive for this project?
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).

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Form 6A: Potentially Hazardous Biological Agents Risk Assessment Form (continued)

All items are compulsory

- Section 3 is to be filled in by the research mentor
- 'Date of review' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

SECTION 3: For ALL CELL LINES, MICROORGANISMS AND TISSUES - To be completed by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR - Check the appropriate box(es) below:

- Experimentation on the microorganisms/cell lines/tissues to be used in this study will NOT be conducted at a Regulated Research Institution, but will be conducted at a (check one) BSL-1 or BSL-2 laboratory. [This study has been reviewed by the local SRC and the procedures have been approved prior to experimentation.]
- Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution and was approved by the appropriate institutional board prior to experimentation; institutional approval forms are attached.
Origin of cell lines: _____ Date of IACUC/IBC approval _____
- Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution, which does not require pre-approval for this type of study. The SRC has seen and approved the research plan and supporting documentation and acknowledges the accuracy of the responses above.

CERTIFICATION - To be SIGNED by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR

The QS/DS has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above. This study has been approved as a (check one) BSL-1/ BSL-2 study, and will be conducted in an appropriate laboratory.

QS/DS Printed Name Signature

Date of review (mm/dd/yy)

SECTION 4: CERTIFICATION - To be completed by the LOCAL or AFFILIATED FAIR SRC

The SRC has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above.

SRC Printed Name Signature

Date of review (mm/dd/yy)

- This section is to be filled in the an SRC. Please contact the SSEF organising committee for assistance if your school does not have its own SRC.
- 'Date of review' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
 - Use date format **MM/DD/YY** (e.g. 01/31/20)

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Form 6B: Human and Vertebrate Animal Tissue Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
For projects involving fresh/frozen tissue, blood, blood products and body fluids	Student(s)	Research mentor	Before

Projects that require Form 6B would also require [Form 6A](#).

All items are compulsory

Human and Vertebrate Animal Tissue Form (6B)

Required for research involving fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids. If the research involves living organisms please ensure that the proper human or animal forms are completed. **All projects using any tissue listed above must also complete Form 6A.**

Student's Name(s) _____

Title of Project _____

To be completed by Student Researcher(s):

- What vertebrate animal tissue will be used in this study? Check all that apply.
 - Fresh or frozen tissue sample
 - Fresh organ or other body part
 - Blood
 - Body fluids
 - Primary cell/tissue cultures
 - Human or other primate established cell lines
- Where will the above tissue(s) be obtained? If using an established cell line include source and catalog number.
- If the tissue will be obtained from a vertebrate animal study conducted at a research institution attach a copy of the IACUC certification with the name of the research institution, the title of the study, the IACUC approval number and a of IACUC approval.

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Form 6B: Human and Vertebrate Animal Tissue Form (continued)

This section should be completed by the research mentor.

To be completed by the Qualified Scientist or Designated Supervisor:

- I verify that the student will work solely with organs, tissues, cultures or cells that will be supplied to him/her by myself or qualified personnel from the laboratory; and that if vertebrate animals were euthanized they were euthanized for a purpose other than the student's research.

AND/OR

- I certify that the blood, blood products, tissues or body fluids in this project will be handled in accordance with the standards and guidance set forth in U.S. Occupational Safety and Health Act, 29CFR, Subpart Z, 1910.1030 - Blood Borne Pathogens.

Printed Name

Signature

Date of Approval (mm/dd/yy)
(Must be prior to experimentation.)

Title

Phone/Email

Institution

- 'Date of Approval' must be **on/before** the 'Actual Start Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

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Form 7: Continuation/Research Progression Projects Form

Compulsory?	Filled in by	Endorsed by	To be dated before or after start of experimentation?
For projects that are a continuation/progression in the same field of study as a previous project	Student(s)	Student(s)	After

All items are compulsory

Continuation/Research Progression Projects Form (7)

Required for projects that are a continuation/progression in the same field of study as a previous project. This form must be accompanied by the previous year's abstract and Research Plan/Project Summary.

Student's Name(s) _____

To be completed by Student Researcher: List all components of the current project that make it new and different from previous research. The information must be on the form; use an additional form for previous year and earlier projects.

Components	Current Research Project	Previous Research Project: Year: _____
1. Title		
2. Change in goal/purpose/objective		
3. Changes in methodology		
4. Variable studied		
5. Additional changes		



Form 7: Continuation/Research Progression Projects Form (continued)

All items are compulsory

Abstract and Research Plan/Project Summary of the previous project are required to be attached.

Attached are:

Abstract and Research Plan/Project Summary, Year _____

I hereby certify that the above information is correct and that the current year Abstract & Certification and project display board properly reflect work done only in the current year.

Student's Printed Name(s)

Signature

Date of Signature (mm/dd/yy)

- 'Date of Signature' must be **on/after** the 'Actual End Date' indicated on [Form 1A](#). Refer to the [form-filling timeline](#) for more information.
- Use date format **MM/DD/YY** (e.g. 01/31/20)

Details of the forms required for the Grantsmanship Category will be provided at a later date, if the category were to be introduced

Junior Scientist Category

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Click to select a form:

Form	Compulsory
SSEF Entry Form (Junior Scientist)	✓

Junior Scientist Category

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SSEF Entry Form (Junior Scientist)

Compulsory?	Filled in by	Endorsed by
✓	Student(s)	Teacher mentor

Project code format:
JXX123, e.g. JMA012

Project Code:

SINGAPORE SCIENCE & ENGINEERING FAIR 2021 (JUNIOR SCIENTIST CATEGORY) ENTRY FORM

Please refer to the SSEF 2021 website (<http://www.science.edu.sg/ssef>) for details on the application process and all the submission requirements. All documents must be received by **Monday, 11 January 2021, 23:59**.

PROJECT INFORMATION

Type of Participation:

Individual
Team

Project Category*:

Title of Research Project:

The five project categories for the Junior Scientist Category are: Biology, Chemistry, Computing, Mathematics and Physics.

This should be the same as what was indicated during online registration. Please contact the SSEF organising committee if there are changes to be made.

Individual projects

Team projects

Junior Scientist Category

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SSEF Entry Form (Junior Scientist) (continued)

Individual projects only need to fill in this section.

DECLARATION BY PARTICIPANT(S) ⁵		
I / We hereby certify that all the information provided to SSEF organisers is correct. I / We did not plagiarise material, forge or fabricate data, use or present other researcher's work as our own in my / our research project. I / We consent to the use of the information / project I / we submit to the organisers for publicity purpose. I / We understand that all the materials I / we submit will not be returned to me / us.		
Individual / Team Leader (i.e. team member 1)		
Full name:	School Level (eg. Sec 3, IP4)	
Signature:	School:	Date:
For Team Projects:		
Team Member 2		
Full name:	School Level (eg. Sec 3, IP4)	
Signature:	School:	Date:
Team Member 3		
Full name:	School Level (eg. Sec 3, IP4)	
Signature:	School:	Date:

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SSEF Entry Form (Junior Scientist) (continued)

For **individual** projects, only this section needs to be filled.

SCHOOL'S ENDORSEMENT

For individual project / team projects with members from the same school

Teacher-in-charge's full name:

Teacher-in-charge's email address:

Teacher-in-charge's signature:

Date:

SCHOOL'S ENDORSEMENT

For team projects with members from different schools

For team member 1

Teacher-in-charge's full name:

Teacher-in-charge's email address:

Teacher-in-charge's signature:

Date:

For team member 2

Teacher-in-charge's full name:

Teacher-in-charge's email address:

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SSEF Entry Form (Junior Scientist) (continued)

One consent form for the video contest is required per student, e.g. a team comprising three students should have three copies of this consent form.

SSEF JUNIOR SCIENTISTS CATEGORY 2021 PARENT/GUARDIAN CONSENT FORM FOR VIDEO CONTEST	
Please review the rules of the video contest at https://science.edu.sg/ssef/ . If you agree to your child / ward participating in the SSEF Junior Scientists Category 2021 according to the rules, please fill in the blanks and sign below.	
I, _____ (name of parent / guardian), acknowledge that I have read, understood and approve the rules.	
I hereby give permission for any images of my child / ward, _____, (name of child / ward) captured through the video submitted by my child / ward, to be used solely for participating in the SSEF Junior Scientists Category 2021.	
I declare that I have the authority to sign this release and that I have read and understood this agreement prior to signing it.	
PARENT'S/GUARDIAN'S SIGNATURE:	Date:

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SSEF Entry Form (Junior Scientist) (continued)

For **team** projects, this section should be filled in by the team leader, who would be the main point of contact for SSEF.

Only **team** projects need to fill in this section. 'Team Member 3' can be left blank if there are only two members in the team.

DECLARATION BY PARTICIPANT(S) ⁵		
I / We hereby certify that all the information provided to SSEF organisers is correct. I / We did not plagiarise material, forge or fabricate data, use or present other researcher's work as our own in my / our research project. I / We consent to the use of the information / project I / we submit to the organisers for publicity purpose. I / We understand that all the materials I / we submit will not be returned to me / us.		
Individual / Team Leader (i.e. team member 1)		
Full name:	School Level (eg. Sec 3, IP4)	
Signature:	School:	Date:
For Team Projects:		
Team Member 2		
Full name:	School Level (eg. Sec 3, IP4)	
Signature:	School:	Date:
Team Member 3		
Full name:	School Level (eg. Sec 3, IP4)	
Signature:	School:	Date:

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SSEF Entry Form (Junior Scientist) (continued)

For **team** projects with members from the **same school**, only this section needs to be filled.

SCHOOL'S ENDORSEMENT

For individual project / team projects with members from the same school

Teacher-in-charge's full name:

Teacher-in-charge's email address:

Teacher-in-charge's signature:

Date:

For **team** projects with members from **different schools**, only this section needs to be filled. The teacher-in-charge from each school needs to sign on the same form.

SCHOOL'S ENDORSEMENT

For team projects with members from different schools

For team member 1

Teacher-in-charge's full name:

Teacher-in-charge's email address:

Teacher-in-charge's signature:

Date:

For team member 2

Teacher-in-charge's full name:

Teacher-in-charge's email address:

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SSEF Entry Form (Junior Scientist) (continued)

One consent form for the video contest is required per student, e.g. a team comprising three students should have three copies of this consent form.

SSEF JUNIOR SCIENTISTS CATEGORY 2021 PARENT/GUARDIAN CONSENT FORM FOR VIDEO CONTEST	
Please review the rules of the video contest at https://science.edu.sg/ssef/ . If you agree to your child / ward participating in the SSEF Junior Scientists Category 2021 according to the rules, please fill in the blanks and sign below.	
I, _____ (name of parent / guardian), acknowledge that I have read, understood and approve the rules.	
I hereby give permission for any images of my child / ward, _____, (name of child / ward) captured through the video submitted by my child / ward, to be used solely for participating in the SSEF Junior Scientists Category 2021.	
I declare that I have the authority to sign this release and that I have read and understood this agreement prior to signing it.	
PARENT'S/GUARDIAN'S SIGNATURE:	Date:

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