



# 2018 NMSS Application Form

7 – 20 January 2018

School: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

**PART A: To be completed by student:**

Name: \_\_\_\_\_ Year level: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Email: (**print**) \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Please describe your participation and achievement in any mathematics **competitions / awards** (etcetera) over the **last three years**, including this year.

Year	Competition	Achievement

Please describe your participation and achievement in any mathematics **enrichment or acceleration** programmes (including school-based programmes) over the **last two years**, including this year.

Year	Programme	Achievement

List any books or articles on mathematics you have read or written recently (if any).

\_\_\_\_\_

\_\_\_\_\_

List your grades or exam results in Year 11 Maths subjects:

Name of Subject	Semester	Year	Grades or exam results

Are you studying any Unit 3/4 Mathematics subjects? If so, which one/s?

\_\_\_\_\_

Please describe below **why you would like to attend** the NMSS. Do not attach additional pages.

---

---

---

---

---

Please describe below what you believe you could **contribute to** the NMSS. Do not attach additional pages.

---

---

---

---

---

**PART B. CONFIDENTIAL: To be completed by Student's referee (Maths teacher/Head of Maths)**

Name of Referee: \_\_\_\_\_

Position: \_\_\_\_\_

Daytime contact telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
(please print)

Relation to Student: \_\_\_\_\_

**Please rate the student on each of the following criteria.**

	Low	Medium	High	Very high
Mathematical ability				
Interest in and enthusiasm for mathematics				
Likely contribution to Summer School				
Likely benefit from Summer School				
Anything else you consider important (List)				

**I verify that the information I have provided above, and that provided by the student in Part A, is accurate.**

**(Signature of referee.)** \_\_\_\_\_

**PART C: To be completed by school representative**

The school will be able to administer the (90 minutes) MAV Test for NMSS on 4 August 2017. **YES / NO**  
(circle)

**School contact person for examination arrangements:** (please print)

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email address (please print) \_\_\_\_\_

Thank you

**Closing date for receipt of this application is 28 July, 2017.**

**Please return this form to:**

**BY POST: 2018 NMSS Applications, MAV, 61 Blyth Street, Brunswick, VIC 3056**