## Oxford Centre for Personalised Medicine Youth Art Competition Entry Form 2024



Artist details
Artist's first name:
Artist's age:
School name and county where school is based (optional):
Artist's surname:
(surname will not be displayed with artwork, but will be used to write certificates for entrants)
Artwork dotails
Artwork details
Please attach a photograph of your artwork to your entry email.
If you would like, please write a short description of what your artwork shows (optional, maximum 150 words):
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Parent/guardian/teacher permission
I give permission for the above named child to take part in the Oxford Centre for Personalised Medicine 2024 Art Competition.
I understand that by entering the competition, I give permission for the Oxford Centre for Personalised Medicine to share this artwork with all audiences, both online and in person. Where artwork is shared,
the artist's first name, age and school name (where provided) will be displayed together with
the artwork.
Parent/guardian/teacher's signature:
Parent/guardian/teacher's email address: Date:

For more details about the competition, please visit https://cpm.ox.ac.uk/art-competition Please email this form, together with a photograph of your artwork, to <a href="mailto:cpm@well.ox.ac.uk">cpm@well.ox.ac.uk</a>