

Oxford Centre for Personalised Medicine

Art Competition Entry Form 2025/26



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 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):

Parent/guardian/teacher permission

I give permission for the above named child to take part in the Oxford Centre for Personalised Medicine 2025/26 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: