



## do your :bit Entry Form

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### Is this a Team Submission

Yes, we are submitting an entry as a Team

### Name \*

First Name

Last Name

### Gender

Optional

### Region \*

**Name of Teacher/ Supervisor**

First Name

Last Name

**Address of School/ Institution**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select 

Country

**Email address of Teacher/ Supervisor**

example@example.com

**Phone Number of Teacher/Supervisor**

-

-

Country Code Area Code Phone Number

**Name of Parent/ Guardian \***

First Name

Last Name

**Email address of Parent/ Guardian \***

example@example.com

**Phone Number of Parent/ Guardian \***

 -  - 

Country Code Area Code Phone Number

**Written Submission \***

Tell us about your project – what have you created, why have you created it, how will it help your community or another community in the world?

Max. 500 words

0/500

**Please submit a Hex file, a photo prototype or both for your project. \***

- Hex file
- Photo prototype
- Hex file and Photo prototype

**Video upload**

Optional. Maximum 1 minute

**How did you hear about do your :bit? \***

**How long have you been using micro:bit? \***

- First time using micro:bit
- 0-3 months
- 3-6 months
- 6 months- 1 year
- 1-2 years
- More than 2 years

**Has taking part in do your :bit increased your confidence in using micro:bit? \***

- Yes
- No

**Do you know what the Global Goals (SDGs) are? \***

- Yes
- No

[Terms and Conditions](#)

**Terms and Conditions \***

I/ We agree to the Terms & Conditions of do your :bit

**Parent/ Guardian Consent \***

Yes, I have consent from my Parent/ Guardian

**Parent/ Guardian Signature**

Clear

Submit