Discover University
Year 9, 10 and 11 Young Carers Summer School

Application Form

Our three day residential Summer School offers students the chance to experience a variety of subjects and learn more about university life.

About the Summer School
The summer school gives students the chance to be introduced to all the opportunities that university has to offer, including the support that’s available. You will stay in student accommodation and will have an action packed timetable of academic and social sessions supported by our fantastic Student Ambassadors. Please note: The Summer School is free to eligible students in Year 9, 10 and 11 who are caring for a friend or family member (due to illness, disability, a mental health condition or a drugs/alcohol addiction).

Whilst we encourage all students to attend the summer school in a residential capacity, we will also welcome applications from students who wish to return home each evening.

There are three sections to this application form:
Section 1: To be completed by the applicant
Please complete all the details required on the application form. Once you have completed the student’s section please ask your parent/guardian to fill in section 2.

Section 2: To be completed by the applicant’s parent/guardian
Please get your parent/guardian to complete and sign this form. Please note that without a signature from a parent or guardian, we will be unable to process your application form.

Section 3: To be completed by a teacher or member of professional services
Please ask a member of staff to complete this section, they will act as a referee and will be contacted to verify any information.

Please ensure you have filled in the form in BLOCK CAPITALS. Failure to complete all relevant parts of the form will mean your application cannot be processed so please be thorough.

The deadline for applications is 9 May 2018
Once you have checked the form is complete please send it to Amy Oatway at the University of Surrey.

Amy Oatway
Widening Participation and Outreach
University of Surrey
Guildford
GU2 7XH
T: 01483 688949
E: a.oatway@surrey.ac.uk

For more information please visit: surrey.ac.uk/discoveruniversity
SECTION 1: TO BE COMPLETED BY THE STUDENT
(Please ensure you fill in the form in BLOCK CAPITALS)

YOUR CONTACT DETAILS

Date of Birth ______/_____/______
Gender Female Male Other Prefer not to say
First Name ____________________________ Middle Name ____________________________ Last Name ____________________________
Home Address ____________________________________________________________ Postcode ______________
Home Telephone ____________________________ Mobile Number ____________________________
Email ____________________________________________________________

Please note: your parent/guardian will be copied in to all correspondence

Please confirm you are currently a Year 9, Year 10 or Year 11 student by ticking the appropriate box below:
Year 9 [ ] Year 10 [ ] Year 11 [ ]

SUMMER SCHOOL

Where did you first hear about the Summer School?

[ ] University of Surrey website
[ ] Action for Carers, Surrey Young Carers
[ ] Friend
[ ] School
[ ] Other (please specify) ____________________________________________________________

YOUR EDUCATION

Name of Secondary school ____________________________________________________________

Please list your predicted GCSE grades if known.

Predicted GCSE English grade/s ____________________________ Predicted GCSE Maths grade/s ____________________________
Predicted GCSE Science grade/s ____________________________

Are you planning to go to University?

[ ] Yes [ ] No [ ] Unsure

If yes, what subject(s) would you like to study? __________________________________________

Please confirm you are looking after someone (do you care for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without your support)

[ ] Yes [ ] No
ABOUT YOUR CHILD (please answer on behalf of your child)

The questions below will help to inform us about whether your child belongs to a group that is disadvantaged or underrepresented in Higher Education and will help us to support them. This information is confidential and stored in accordance with the Data Protection Act. Please see page 6 for further information.

Does your child have a disability or long term health condition which affects their daily life?

☐ Yes  ☐ No

If you answered YES to the above question, please describe your disability (please tick one box only)

☐ Apergers/other Autistic Spectrum Disorder  ☐ Specific Learning Difficulty eg Dyslexia
☐ Blind/Partially Sighted  ☐ Physical Impairment/Mobility Issues
☐ Deaf/Hearing Impairment  ☐ Multiple Disabilities
☐ Long Standing Illness  ☐ A disability not listed above
☐ Mental Health Condition

How would you describe your child’s ethnic origin? (please tick one box only)

☐ White  ☐ Asian - Indian
☐ Gypsy or Traveller  ☐ Asian - Pakistani
☐ White/Black Caribbean  ☐ Asian - Bangladeshi
☐ White/Black African  ☐ Asian - Chinese
☐ White and Asian  ☐ Asian - other background
☐ Other mixed/multiple ethnic background  ☐ Black - African
☐ Asian - Indian  ☐ Black - Caribbean
☐ Asian - Pakistani  ☐ Black - other
☐ Asian - Bangladeshi  ☐ Arab
☐ Asian - Chinese  ☐ Other ethnic group
☐ Asian - other background

Has your child ever been looked after by a local authority?

☐ Yes  ☐ No

Has your child been eligible for Free School Meals in the past 6 years?

☐ Yes  ☐ No

Is your child a refugee from a country outside the UK?

☐ Yes  ☐ No

SPECIAL REQUIREMENTS

We wish to make the Summer School an enjoyable and accessible experience for all participants involved. Therefore, please provide us with information on any special requirements that you would like us to be aware of in the table below, continuing on an additional sheet if necessary. This includes special educational needs, disabilities, long term medical conditions, allergies, or dietary requirements. We will endeavour to provide additional support where possible and within reason.

Special Educational Needs or Disabilities (Including specific learning difficulties such as dyslexia, dyspraxia and dyscalculia)

☐ Yes  ☐ No

If yes, please provide more information on how we can support your child during the programme

Medical Conditions/Allergies  ☐ Yes  ☐ No

If yes, please provide more information on how we can support your child during the programme
PARENT / GUARDIAN / DETAILS

Please complete in as much detail as possible and in BLOCK CAPITALS.

We may use these details to verify any information or in the event of an emergency. If you need to update your details closer to the event, please contact us.

Name of Parent / Guardian

Relationship to applicant

Occasion

Day time telephone

Mobile Number

Email address

Please note: any correspondence will go to both your child and yourself.

We may wish to contact you in the future to send useful information, updates about the University of Surrey and for research purposes. Please tick to confirm you are happy for us to contact you.

Have you completed a university degree? (If Yes, please provide details below)

Yes

No

Degree Awarded

Institution

Year of Graduation

Please tick this box if you are a single parent family. If not, please fill in the second parent information box.

Name of Parent / Guardian

Relationship to applicant

Occasion

Day time telephone

Mobile Number

Email address

Have you completed a university degree? (If Yes, please provide details below)

Yes

No

Degree Awarded

Institution

Year of Graduation

SECTION 2: (Continued)

SPECIAL REQUIREMENTS (CONTINUED)

Special Requirements (Dietary, Religious) Yes No

If yes, please provide more information on how we can support your child during the programme.

Other

Please provide any other information that we should know about on how we can support your child during the summer school.
DATA PROTECTION STATEMENT

Data Protection
Student data is collected to help us monitor the targeting and take up of activities and to track students who apply to Higher Education Institutions in the future. The data will be stored on a database (in accordance with the Data Protection Act) used to administer participation in the project. For research and monitoring processes we will undertake long-term tracking of participants’ education journeys, to monitor their participation in our activities and progression to Higher Education. This data may be shared with the Higher Education Funding Council (HEFCE), the Department for Education, the Office for Students, Higher Education Statistics Agency (HESA), the University and Colleges Admissions Service (UCAS), Higher Education Access Tracker (HEAT) subscribers, Connexions, Brightside Trust, National Data Service and our partners in the Higher Education Outreach Network (HEON) based at the University of Surrey to help evaluate the effectiveness of our activities and the broader government policy to widen participation in Higher Education and to develop future policy.

The project and its partners will not use your record in a way that would affect you individually. We will not release data to anyone who is unauthorised. You have the right to opt out of sharing your data at any time, please contact Katherine Sela (k.sela@surrey.ac.uk or 01483 689878) to do this. Under the Data Protection Act 1998 you have the right to a copy of the data held about you by us. If you have any concerns about the use of data for these purposes or would like a copy of the data you have supplied directly to us, requests should be made in writing using the contact information at: https://www.surrey.ac.uk/information-management/data-protection

PARENT DECLARATION

I have read and understood the Data Protection statement and how data will be used for evaluation, research and monitoring purposes  

Please tick appropriate box

Yes  No

I agree for the data I provide to be shared with Higher Education Access Tracker (HEAT)

Yes  No

I agree for the data I provide to be shared with the Higher Education Outreach Network (HEON) at the University of Surrey

Yes  No

I agree for my child to be photographed/filmed during widening participation activities and for the images to be used to promote the activities of the Widening Participation and Outreach Department at the University of Surrey

Yes  No

I agree that I will be responsible for my son/daughter up to the handover point at the beginning of the Summer School and again from the handover point at the completion of the programme. I understand the University has a duty of care to my son/daughter while they are attending the summer school and as such grant my permission to allow the University to act appropriately in the event of an emergency including the administering of first aid treatment and referral to hospital if necessary, acknowledging that the University will always liaise with me directly where possible

Yes  No

We may wish to contact you in the future to send useful information, updates about the University of Surrey and for research purposes. Please indicate if you are happy for us to contact you

Yes  No

I understand that I can opt out of sharing my data and have information removed at any time

Yes  No

I have completed this form to the best of my knowledge and my child is aware of the information I have provided about them

Signature of Parent/carer:

Parent/carer name:

Name of child:

Your relationship to child:

Date  /  /  


SECTION 3: TO BE COMPLETED BY A TEACHER OR PROFESSIONAL SERVICE STAFF

Please ensure this section is completed by a teacher or member of professional services such as a member of staff from Surrey Young Carers. This member of staff will act as a referee and will be contacted to verify any information.

CONTACT DETAILS

Name of Referee

Job Title/Post

Subject area (if applicable)

Full School/Organisation name

Day time telephone

Email address

REFEREE

Please comment on the following:

• Overall academic ability, general performance and behaviour.
• Suitability and maturity to attend a three day two night university programme.
• Why this student may benefit from this type of activity
• Any information you believe will have a bearing on the student’s application or which you think would be helpful for us to be aware of (such as family circumstances, aspirations/awareness of HE and potential of student)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

I confirm that this student is a Young Carer

REFEEER DECLARATION

I have checked the details on this application form and I confirm that, to the best of my knowledge, they are correct and I support this application.

Referee’s Signature:

Print Name

Date

APPLICATION DEADLINE: WEDNESDAY 9 MAY 2017