

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 afriend 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



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 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 Other (please specify) School
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

SECTION 2: TO BE COMPLETED BY THE PARENT / GUARDIAN

ABOUT YOUR CHILD (please answer on behalf of your child)

underrepresented in Higher Education ar accordance with the Data Protection Act.	nd will help us to supp	ort them. This infor	rmation is confidential and stored in		
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	on, please describe you	ur disability (please	tick one box only)		
Apergers/other Autistic Spectrum Disorder			Difficulty eg Dyslexia		
Blind/Partially Sighted		Physical Impairment/Mobility Issues			
Deaf/Hearing Impairment		Multiple Disabilities			
Long Standing Illness Mental Health Condition		A disability not listed above			
How would you describe your child's ethr		one box only)			
White	Asian - Indian		Black - African		
Gypsy or Traveller	Asian - Pakistani		Black - Caribbean		
White/Black Caribbean	Asian - Bangladesh		Black - other		
White/Black African White and Asian	Asian - Chinese	are un d	Arab Other ethnic group		
Other mixed/multiple ethnic background	Asian - other backg	rounu	Other ethnic group		
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					
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					

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
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
Occupation Retired Unemployed
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
Tear of dradation
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
Occupation Retired Unemployed
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)

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

	Please tick appropriate box		
I have read and understood the Data Protection statement and how data will be used for evaluation, research and monitoring purposes	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 about them	on I have pr	rovided	
Signature of Parent/carer:			
Parent/carer name:			
Name of child:			
Your relationship to child:	1		

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 Continue on a paper sheet if needed
— Continue on a paper sheet if needed
REFEREE 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 / /
Thank you for taking the time to fill in this form and supporting the application process

APPLICATION DEADLINE: WEDNESDAY 9 MAY 2017



