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 need 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
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 Friday 22nd March 2019
Once you have checked the form is complete please send it to summerschools@surrey.ac.uk at the University of Surrey.

Widening Participation and Outreach
University of Surrey
Guildford
GU2 7XH

T: 01483 689943
E: summerschools@surrey.ac.uk

For more information please visit:
surrey.ac.uk/individual-needs
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  [ ] School  [ ] Other (please specify)
[ ] Friend

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)

To manage applications to the Summer School programme, we ask for personal data. For information about how we process your data, please read our Privacy notice which can be found by going to the Data Privacy notice on the Schools and Colleges website: surrey.ac.uk/schools-colleges/parents-and-carers

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)

☐ Aspergers/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 - other background  ☐ Black - Caribbean

☐ Black - other  ☐ Arab

☐ 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  ☐ 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
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
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
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
**PARENT DECLARATION**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read and understood the Data Protection statement and how data will be used for evaluation, research and monitoring purposes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I agree for the data I provide to be shared with Higher Education Access Tracker (HEAT)</td>
<td></td>
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<tr>
<td>I agree for the data I provide to be shared with the Higher Education Outreach Network (HEON) at the University of Surrey</td>
<td></td>
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</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand that I can opt out of sharing my data and have information removed at any time</td>
<td></td>
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</table>

*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

Please ensure this section is completed by a teacher. The teacher 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: 

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. We may want to contact you in the future about other relevant events run by the Department of Widening Participation and Outreach. Please tick the box if you are happy for us to contact you.

Referee’s Signature: 
Print Name: 
Date: 

Thank you for taking the time to fill in this form and supporting the application process