

CATASTROPHE ON CAMPUS APPLICATION FORM 2019/20

There are three sections to this application form:

Section 1: To be completed by the student

Section 2: To be completed by parents/carers

Section 3: To be completed by a teacher

The deadline for applications is **Friday 5 July 2019**. Please return to your teacher before this date.

You will be informed if you have been selected for the programme by **Friday 12 July 2019**.

If you have any questions about the programme or the application form please contact wp@surrey.ac.uk

SECTION 1: TO BE COMPLETED BY THE STUDENT

ABOUT YOU

Full Name

Date of Birth / / Address

Postcode

School Student Mobile

Email

This will be used to contact you throughout the programme and to sign you up to the Brightside mentoring platform.

Gender ☐ Female ☐ Male ☐ Other ☐ Prefer not to say

Are you planning to go to university? ☐ Yes ☐ No ☐ Unsure

If yes, what type of course you are interested in?

YOUR APPLICATION – PERSONAL STATEMENT

Please include information about:

- Why you wish to be part of the Year 10 Programme
- Your ambitions for the future
- Your GCSE target grades and predicted grades for English, Maths and Science

Predicted Grades	English	Maths	Science
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue on a paper sheet if needed

YOUR DECLARATION

Catastrophe on Campus is a sustained engagement programme and requires attendance at each session.

Failure to attend may result in your removal from the programme.

If selected for this programme I will be committed to attend every session.

Signed Date / /

SECTION 2: TO BE COMPLETED BY THE PARENT/CARER

PARENT/CARER DETAILS

We may use these details to verify any information or in the event of an emergency.

Name of parent/carer (Adult 1)

Relationship to applicant

Occupation ☐ Retired ☐ Unemployed

Mobile telephone

Email address

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

Name of parent/carer (Adult 2)

Relationship to applicant

Occupation ☐ Retired ☐ Unemployed

Mobile number

Email address

Did either of the adults mentioned above go to university? (please tick) Adult 1 ☐ Adult 2 ☐ Neither ☐ Both ☐

ABOUT YOUR CHILD (PLEASE ANSWER ON BEHALF OF YOUR CHILD)

What is your child's ethnic origin?

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian – Indian | <input type="checkbox"/> Black – African |
| <input type="checkbox"/> Gypsy or Traveller | <input type="checkbox"/> Asian – Pakistani | <input type="checkbox"/> Black – Caribbean |
| <input type="checkbox"/> White/Black Caribbean | <input type="checkbox"/> Asian – Bangladeshi | <input type="checkbox"/> Black – other |
| <input type="checkbox"/> White/Black African | <input type="checkbox"/> Asian – Chinese | <input type="checkbox"/> Arab |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Asian – other background | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Other mixed/multiple ethnic background | | |

Is your child a young person in local authority care or a care leaver? Yes ☐ No ☐

Is your child eligible for free school meals now or at any time in the past 6 years? Yes ☐ No ☐

Is your child looking after someone? (Does your child look after a family member or friend who has a disability, long term illness, mental health problem or is affected by substance misuse?) Yes ☐ No ☐

Is your child from a military family? (has either parent/carer/guardian has served in the armed forces or reserves at any time during their childhood) Yes ☐ No ☐

Is your child a refugee with settled status in the UK? Yes ☐ No ☐

Is your child currently seeking asylum in the UK? Yes ☐ No ☐

Does your child belong to one of the following cultural groups New Age Traveller, Showperson, Waterway Traveller
Yes ☐ No ☐

Does your child have any of the following? (Does your child have a disability, long term health problem or special requirement which affects their daily life?)

- | | |
|---|---|
| <input type="checkbox"/> Aspergers/other Autistic Spectrum Disorder | <input type="checkbox"/> Specific Learning Difficulty eg Dyslexia |
| <input type="checkbox"/> Blind/Partially Sighted | <input type="checkbox"/> Physical Impairment/Mobility Issues |
| <input type="checkbox"/> Deaf/Hearing Impairment | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Long Standing Illness | <input type="checkbox"/> A disability not listed above |
| <input type="checkbox"/> Mental Health Condition | |

SECTION 2: TO BE COMPLETED BY THE PARENT/CARER

ABOUT YOUR CHILD (CONTINUED)

We wish to make the Year 10 Programme 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 that your child may have. 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 (Dietary, Religious)

☐ Yes ☐ No

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

Other

☐ Yes ☐ No

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

Parent/Carer Requirements

Please let us know if either parent/carers mentioned above have any requirements that we should be aware of for their visits to campus (eg, dietary, mobility requirements) we will endeavour to provide support and/or reasonable adjustments where possible.

☐ Yes ☐ No

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

TRANSPORT

If required, the university can arrange transport for your child to attend these sessions. Please let us know if you would like us to arrange for a taxi or minibus to collect your child (and parents/carers on the days they are invited). We may ask that your child travels to a hub location (for example their school or a local landmark) to meet the transport provided.

☐ Yes ☐ No

If yes, please let us know if there is any additional information we may need to know

All taxis and minibuses used are approved to transport unaccompanied young people.

SECTION 2: TO BE COMPLETED BY THE PARENT/CARER

DATA PROTECTION

To manage applications to the university of Surrey's Year 10 Catastrophe on Campus programme, we collect personal data on your name, date of birth, gender, ethnicity, disability and contact details. For information about how we process your data, please read our Privacy Notice www.surrey.ac.uk/sites/default/files/2018-10/wpando-data-privacy-notice.pdf

Please tick a box

I have read and understood the Data Privacy statement. ☐ Yes ☐ No

I agree for the data I provide to be shared with the 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 understand that the University of Surrey has a duty of care to my child whilst they are attending on campus sessions and, as such, I grant permission for the University of Surrey to act appropriately in the event of an emergency, including the administering of first aid treatment. I acknowledge that the University of Surrey will liaise with me directly where possible. Please be aware that the University of Surrey only has a duty of care to your child from the point of handover on the days that the Year 10 Programme takes place. ☐ Yes ☐ No

I grant permission for my child to participate in the mentoring programme run by the University of Surrey and Brightside and to be matched with a mentor.

Online Mentoring: Each child on the Year 10 Programme will have a student mentor. They will offer your child support, information and guidance throughout the programme in person, at the Year 10 Programme events and via Brightside; a secure online mentoring platform. They will also support your child online through their first two terms in year 11. Mentors are University of Surrey students who have been carefully screened and trained to help young people succeed through their education and into work or university. ☐ Yes ☐ No

I agree that all communication between my child and their Student Mentor will be kept confidential and only shared with staff from the Widening Participation and Outreach Department and Brightside. Mentors and mentees will be prohibited from communicating on online platforms other than Brightside. They will also be prohibited from meeting face-to-face, except for organised visits by the University. ☐ Yes ☐ No

I give consent for my child to be photographed/filmed during activities and for these photographs to be used in future publications to promote the activities of the Department of Widening Participation and Outreach at the University of Surrey. ☐ Yes ☐ No

I give consent for photographs taken of my child during the Year 10 Programme to be shared between programme participants, their parents/carers and their schools ☐ Yes ☐ No

We expect your child to behave appropriately throughout the programme and attend all sessions. If your child has a problem or is unable to attend a session you should contact the University of Surrey directly. Failure to attend sessions without informing the University beforehand may result in their removal from the programme. Please tick to show you have read and understood the above paragraph. ☐ Yes ☐ No

PARENT DECLARATION

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 by email.

I have checked the information within this form and to the best of my knowledge it is correct and true. I understand that I should contact the University of Surrey directly with a problem or if my child is no longer able to attend.

Signature Date / /

Print Name

SECTION 3: TO BE COMPLETED BY THE TEACHER

Please ensure this section is completed by a teacher or tutor who knows the student. This member of staff will act as a referee and may be contacted to verify any information. we are collecting personal information so that we can process your student's application. information about how we process your information can be found here. www.surrey.ac.uk/sites/default/files/2018-10/data-privacy-notice-for-teachers.pdf

I have read and understood the Data Privacy statement. ☐ Yes ☐ No

CONTACT DETAILS

Name of Teacher _____

Job Title/Post	Organization	Country	Year	Source
...

Subject area

Full School/College name

Day time telephone

Teacher Email address

PREDICTED GRADES

Are the predicted grades provided in section 1 correct? ☐ Yes ☐ No

If no, please include predicted grades for core subjects (English, Maths and Science) below

Type of qualification	
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Subject

Predicted grade	
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Type of qualification	Number of graduates
Primary school	100
Lower secondary	100
Upper secondary	100
Higher education	100
Other	100

Subject	
---------	--

Predicted grade

Type of qualification	
-----------------------	--

Subject	
---------	--

Predicted grade	Actual grade
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

Type of qualification	
-----------------------	--

Subject	
---------	--

Predicted grade	Actual grade
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

Type of qualification	
-----------------------	--

Subject	
---------	--

Predicted grade	Actual grade
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10

We would like to see whether the Year 10 Programme has any impact on GCSE attainment.

For this reason we ask for the schools commitment to sharing this students GCSE grades in August 2021.

☐ I commit that the school will provide actual GCSE grade results for this student to the University of Surrey's Department of Widening Participation and Outreach.

TEACHERS STATEMENT

Please comment on the following:

- Overall academic ability and general performance at school/college and predicted grades if possible
- Suitability and maturity to attend an intense academic early-university level course
- 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)

TEACHER DECLARATION

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

Teachers Signature _____

Print Name _____

Date / /

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