Please attach a recent photograph

**APPLICATION FORM**

**Year 10 Summer School** 21st – 24th July 2015

**Deadline for Applications** 17th April 2015

Section 1: to be completed by the student

Section 2: to be complete by the parent/carer

Section 3: to be completed by the teacher

**Section 1- to be completed by the student**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name(s): |  | Family Name: |  |
|  *(please tick)* Male 🞏 Female 🞏 | Age: |  |
| Date of birth: |  | Ethnic origin: | White 🞏Black 🞏Asian 🞏Chinese 🞏Mixed 🞏 *please specify below*………........................................Other 🞏 *please specify below*………........................................ |
| Address:Postcode: |
| TelephoneHome number: |  | StudentMobile number: |  |
| Email Address:*(please print details)* |  |

**Education**

|  |
| --- |
| **School/College name:** |
|  |
| Subject | Level (e.g. GCSE or BTEC) | Predicted Grade |
|  |  |  |
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**Educational Aspirations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **(5) = Definitely** | **(4) = Probably** | **(2) = Probably not** | **(1) = Definitely not** |
| Are you interested in continuing on to Higher Education (university)? | [ ]  | [ ]  | [ ]  | [ ]  |
| Do you have a particular subject/course in mind? | [ ]  | [ ]  | [ ]  | [ ]  |
| If you have marked 4/5 please give details of the subjects you might like to study: |   |

**Personal Statement- continue on a separate sheet if required**

 **q**

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| --- |
| **Why do you wish to attend the summer school? What benefits will it give you?**  |
| **What will you contribute to the summer school?**  |
| **What information have you been given about going to university?**  |
|

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| --- |
| **Declaration to be signed by applicant:** |
| I declare that all the information given in this application is correct and complete. I understand that if any information I have provided is found to be untrue any offer may be withdrawn.**Signature of Applicant:****Print Name:****Date Signed:**   |

**Do you have any future career plans?** |

**Section 2- to be completed by the parent/carer**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of mother/carer |  | Name of father/carer |  |
| Telephone home |  | Telephone home |  |
| Occupation  |  | Occupation |  |
| Mobile |  | Mobile |  |
| Emergency contact(name & number) |  |

|  |  |  |
| --- | --- | --- |
| Is your child entitled to free school meals? | Yes = [ ]  | No = [ ]  |
| Is your child entitled to pupil premium or a school bursary? | Yes = [ ]  | No = [ ]  |
| Have you or your partner ever studied a university level qualification: | Yes = [ ]  | No = [ ]  |
| If yes, please give details: |  |
| My child/ward is available to attend all four days of the residential.  | Yes = [ ]  | No = [ ]  |
| **Does your child have any conditions/special requirements we need to be aware of?**(Incl. medical, disability, religious, sports related injuries, allergies/ dietary)  | Yes = [ ]  | No = [ ]  |
| **If yes please give details:** |
| **Declaration to be signed by Parent/Carer** |
| **Data Protection:** The information provided on this application will be processed to assess your eligibility for the scheme and maintain a student record for you. It will also be used to inform the government outreach activity the University is undertaking. We will contact you in the future to measure the impact of the summer school. The information you provide will only be accessed by relevant staff at Bishop Grosseteste University, the East Midlands Widening Participation Research & Evaluation Partnership and your school/college.  |
| I have completed the form to the best of my knowledge. I have read the information above and understand that I will be responsible for my son/daughter up to the handover point at the beginning of the course, and again from the handover point at the completion of the course.I give permission for my son/daughter to attend the residential.**Signature of Parent/carer:****Print Name:****Date Signed:**   |

**Section 3- to be completed by the teacher**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Teacher: |  | Telephone number: |  |
| Name of School:  |  |
| Email address: |   |

**Criteria Checklist**

|  |
| --- |
| **Please tick if student fulfils the below criteria** |
| The student MUST be in year 10 | [ ]  |
| The student MUST have the ability to progress to HE | [ ]  |
| The student MUST be interested in progressing to HE | [ ]  |
| The student MUST be from a school covered by the NEMCON region  | [ ]  |
| The student MUST be available to attend all five days of the residential | [ ]  |

**Additional Information/Reference**

|  |
| --- |
| Please provide any additional information you would like to make us aware of that may have a bearing on the students application, including if they have ever been a looked after child. |
|  |

**Declaration**

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| --- |
| **Declaration to be signed by teacher:** |
| Has the student ever been suspended or expelled from school: | Yes = [ ] If yes, what was the reason? | No = [ ]  |
| Is the student awaiting a disciplinary action:  | Yes = [ ]  | No = [ ]  |
| I have checked the details on this application form. I confirm to the best of my knowledge that it is correct and I support this application**Name of teacher: Signature of teacher: Date signed:** |

Completed forms should be returned to: Mr L Dixon- Widening Participation Co-Ordinator

Bishop Grosseteste University, Lincoln

**Deadline for Applications:**17th **April 2015** Lincolnshire, LN1 3DY