

SUMMER SCHOOL APPLICATION FORM 2015

MONDAY 6TH JULY – FRIDAY 10TH JULY 2015 (9.15AM – 4.00PM MONDAY – THURSDAY; 12.00PM – 7.00PM FRIDAY)

THIS SPECIALIST SUMMER SCHOOL IS FREE AND INCLUDES FREE TRAVEL AND LUNCH!

PLEASE COMPLETE THIS FORM IN ORDER – THERE ARE 3 SECTIONS

SECTION 1: TO THE STUDENT

This is where you fill in your name and information about where you live, who you are and how we can contact you. There is also a section to write about why you want to come on the Summer School 2015. You can ask your teacher to help you with this if you want.

NEXT – Take the form home. Your parent/guardian/carer will need to fill in SECTION 2. You must first check with them:

- That you are able to arrange your own transport each day to attend the Summer School 2015 as this is a non-residential activity taking place at the Arts University Bournemouth.

SECTION 2: TO THE PARENTS

This section is for your parent/guardian/carer to complete and sign.

NEXT – Bring the application form back to school and give it to the teacher who is dealing with the Summer School 2015.

SECTION 3: TO THE TEACHER

Please complete Section 3 of this form after the student and parent/guardian/carer has completed the other sections.

NEXT – Send the application form to:

Summer School
Widening Participation,
Arts University Bournemouth,
Wallisdown, Poole, Dorset
BH12 5HH

T: +44 1202 363208

E: fmclarty@aub.ac.uk

aub.ac.uk

ALL APPLICATIONS MUST BE RECEIVED BY FRIDAY 22ND MAY 2015.

If you have any further queries relating to the Summer School 2015, please use the contact details above.

PLEASE NOTE

All information requested is designed to help us judge how appropriate the Summer School will be for you, and how much you will benefit from it.

SECTION 1 TO BE COMPLETED BY THE STUDENT

(IN BLOCK CAPITALS)

YOUR CONTACT DETAILS

Name _____
Home address _____
Home postcode _____
Home phone number _____
Mobile phone number _____
Email address _____
School _____

ABOUT YOU

Date of birth (dd/mm/yy) _____

Gender (please tick) male female

Which ethnic group do you belong to? (please tick)

Black and British Black	Asian and Asian British	Mixed	White	Other ethnic group
<input type="radio"/> Caribbean	<input type="radio"/> Indian	<input type="radio"/> White and black Caribbean	<input type="radio"/> British	please give details:
<input type="radio"/> African	<input type="radio"/> Pakistani	<input type="radio"/> White and Black African	<input type="radio"/> Irish Traveller	_____
<input type="radio"/> Any other black background	<input type="radio"/> Bangladeshi	<input type="radio"/> White and Asian	<input type="radio"/> Any other white background	_____
	<input type="radio"/> Chinese	<input type="radio"/> Any other mixed background		_____
	<input type="radio"/> Any other Asian background			_____

Are you planning to go on to Higher Education (i.e., to gain a degree)?

yes no

COURSE CHOICE

The Arts University Bournemouth Summer School 2015 is a non-residential 5 day programme. The Summer School will take place from 6th – 10th July 2015 and will give you the chance to experience professional resources and specialised teaching.

The courses offered in the Summer School 2015 will be:
ACTING/FASHION/FILM/ARCHITECTURE.

In the space below please list your FIRST and SECOND choice.

FIRST CHOICE

SECOND CHOICE

PERSONAL STATEMENT

(TO BE COMPLETED BY THE STUDENT, BUT FEEL FREE TO DISCUSS WITH YOUR TEACHER)

Please write a personal statement in the box below:

Why do you wish to attend the Summer School 2015? (max. 200 words)

What is your chosen course and why? (max. 200 words)

How do you see your future in the arts? (max. 200 words)

SUMMER SCHOOL CODE OF CONDUCT & CONSENT

The Summer School 2015 will be very different from your experience at school. During the day you may be working in the studios, alongside tutors and undergraduate students. We want you to enjoy and learn from the programme so there is a code of conduct to which all must agree. This is in addition to the normal rules that apply to all students at the University.

YOU WILL...

- be expected to attend all the sessions unless you have a valid reason, such as illness
- contact Summer School staff if you may be absent for any reason
- follow instructions from staff
- follow emergency procedures, such as fire drills (which we will explain in detail on the first day)
- respect the staff and fellow pupils at all times
- let staff know if you see anything dangerous
- let staff know if you are feeling unwell
- wear suitable and appropriate clothing (and change if requested)

YOU WILL NOT...

- smoke at any time
- bring, buy, sell or drink alcohol or illegal substances at any time
- fight, bully or use racial or other offensive abuse
- vandalise property or equipment

Students will be expected to behave in a responsible manner respecting tutors, peers, University property and equipment. Students not adhering to this will not be allowed to continue with the course.

AS THE STUDENT

I understand these rules and agree to abide by them. I also agree to abide by the Arts University Bournemouth rules and regulations. I understand that I will not be allowed to continue on the Summer School in the event of serious misbehaviour on my part.

STUDENT NAME (PRINT NAME)

Date

Student signature

Thank you for completing Section 1. NOW your parent/guardian/carer should complete and sign SECTION 2 on page 5.

THIS IS WHERE YOU AGREE TO YOUR CHILD COMING ON THE SUMMER SCHOOL

In accordance with the rules above I agree to the participation of my child/ward in the Summer School 2015.

PERSON WITH PARENTAL RESPONSIBILITY PARENT/GUARDIAN/CARER (Print Name)

Signature

Relationship to student

Date

This data will be kept in accordance with the Data Protection Act; it may be sent to the Higher Education Funding Council for England (HEFCE) in an anonymised form, to help evaluate the effectiveness of this activity as part of government policy to widen participation in higher education and to develop future policy.

SECTION 2 TO BE COMPLETED BY PARENT/GUARDIAN/CARER (PERSON WITH PARENTAL RESPONSIBILITY)
(IN BLOCK CAPITALS)

YOUR CONTACT DETAILS

Name of first parent/guardian/carer

Relationship to applicant

Daytime contact phone number

Alternative number (e.g. work/mobile) if possible

Name of second parent/guardian/carer

Relationship to applicant

Daytime contact phone number

Alternative number (e.g. work/mobile) if possible

Do you and/or your partner have any personal experience of taking part in Higher Education (HE) in this country?

yes no

If yes, please give details of the qualification(s) you gained.

Type of qualification (please tick)	First parent/guardian/carer	Second parent/guardian/carer
Honours degree	<input type="checkbox"/>	<input type="checkbox"/>
Foundation degree	<input type="checkbox"/>	<input type="checkbox"/>
HND	<input type="checkbox"/>	<input type="checkbox"/>
Diploma of Higher Education	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	_____	

Method of learning (please tick)	
Full time	<input type="checkbox"/>
Part time	<input type="checkbox"/>
Flexible/distance learning	<input type="checkbox"/>

Does your child have any (please tick)

Medical conditions	<input type="checkbox"/> yes	<input type="checkbox"/> no
Disabilities	<input type="checkbox"/> yes	<input type="checkbox"/> no
Allergies	<input type="checkbox"/> yes	<input type="checkbox"/> no
Special requirements	<input type="checkbox"/> yes	<input type="checkbox"/> no
Specific learning difficulties	<input type="checkbox"/> yes	<input type="checkbox"/> no

If yes, then please give details, including any medical and/or special provisions required.
Please include details of any dietary requirements here also:

CONSENT FOR PHOTOGRAPHY AND FILMING

During the Summer School 2015 there will be opportunities to publicise some of the activities that your child is involved in. This may involve filming or photographing students for use in promotional material.

Photography or filming will only take place with the permission of the course leader, and under the supervision of staff. When filming or photography is carried out by the Arts University, students will only be named if there is a particular reason to do so, for example if they are interviewed.

Please fill out the form below. You may withdraw consent at any time.

Name of child (block capitals)

Name of person with parental responsibility (parent / guardian / carer):

I understand that images may be taken of my child as follows:

- By the local media in covering Summer School activities. These may include showing the students working in the studio.
- By photographers acting on behalf of the Summer School for use in displays, website and publicity material.

Having read the statement above, do you give your consent for photographs or other images to be taken and used? (please tick the appropriate box)

YES, I give my consent for pictures to be taken and used

NO, I do not give my consent for pictures to be taken and used

Signature of person with parental responsibility:

Relationship to the child:

Thank you for completing Section 2. Make sure you have also signed on the bottom of page 4.

NOW Please make sure this form goes back to school and is given to the teacher for them to complete SECTION 3.

SECTION 3 TO BE COMPLETED BY THE APPLICANT'S TEACHER

(IN BLOCK CAPITALS)

Name of student

Name of teacher

School address

School postcode

School Tel Number

Teacher Email address

SUMMER SCHOOL

The following information is needed to help us assess the effectiveness of the Summer School in widening opportunities for young people, according to the University's aims. It will not be used in any way to select applicants.

Please tick as appropriate.

1. The student is in Year 12.
2. The student is from socio-economic group 4-8 in the (NS-SEC) classification.
3. The student has a disability or a specific learning difficulty (please describe on next page).
4. The student has adverse family circumstances (please describe on next page).

If you ticked box 3 or 4, you MUST give further details on the next page identifying the student's disability / specific learning difficulty and any support provided in school, or explaining the student's 'adverse circumstances'. If there is any additional information you believe may have some bearing on the student's application and think we should be aware of, then please also enter it on the next page.

TEACHER'S DECLARATION

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

Name of teacher

Signature of teacher

Date

INFORMATION

Once you have checked that all sections have been completed, please send the application form to:

Summer School,
Widening Participation,
Arts University Bournemouth,
Wallisdown, Poole, Dorset
BH12 5HH

E: fmclarty@aub.ac.uk
T: +44 1202 363208
aub.ac.uk

Please return by Friday 22nd May 2015.

If you have any further queries please do not hesitate to contact us.

ADDITIONAL INFORMATION