

APPLICATION FORM

HOW TO ENROL

Please complete and return all the information, making sure that you fill and sign the Consent Form, which MUST be signed by a parent or guardian if you are under 18. Applications will not be processed without parental signatures for under-18s. Enrolment is between Monday 11 June and Friday 6 July. Please note application can take up to 10 working days to process. Applications after this date will not be processed.

First Name **Surname**

Address

..... **Postcode**

Home Telephone Number **Mobile**

Email address **Is email a good contact for you?** **Yes** **No**

Date of birth **Male/Female** **Age**

Emergency contact number - and their relationship to you

How do you describe your ethnicity?

- | | | |
|--|---|--|
| <input type="checkbox"/> White English | <input type="checkbox"/> White Irish | <input type="checkbox"/> Other White background |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Turkish Cypriot | <input type="checkbox"/> Albanian |
| <input type="checkbox"/> Kosovan | <input type="checkbox"/> White European | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Other mixed background (please specify) |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Other Asian background | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Other Black background | <input type="checkbox"/> Black Congolese | <input type="checkbox"/> Black Nigerian |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Chinese | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Traveller | <input type="checkbox"/> Latin/South/ Central America | <input type="checkbox"/> Iraqi |
| <input type="checkbox"/> Iranian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Moroccan |
| <input type="checkbox"/> Black Somali | | |

Which school or college do you attend?

How did you find out about CSU?

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Youth Club | <input type="checkbox"/> at School | <input type="checkbox"/> Local Library | <input type="checkbox"/> at College |
| <input type="checkbox"/> PA | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Local Paper | <input type="checkbox"/> Poster/Postcard |

Other

TO BE COMPLETED BY OVER 18S ONLY. PLEASE READ THE FOLLOWING DECLARATION THOROUGHLY AND SIGN BELOW.

I am attending the Summer University course, I acknowledge the need for mature and responsible behaviour. I agree to inform the Project Leader/Course Tutor and the Summer University Office as soon as possible of any changes to my medical circumstances either prior to or during the course.

I agree that in an emergency the course tutor or its representatives may authorise medical treatment including anaesthetic, on my behalf, if it is not possible to consult me first. I will indemnify the course tutor and its representatives from any responsibility given to them by me in relation to acting 'in loco-parentis' in the case of medical emergencies only.

I understand that any form of abuse or threatening behaviour may result in me being excluded from an activity or course. In return for including me on an activity

or course, I agree to indemnify Camden Council, the Activity Leader/Course Tutor and their representatives from all claims and liabilities in relation to any loss or damage suffered by or caused by myself as well as any injury to myself (or death) except and to the extent that such injury (or death) arose out of the act, default or negligence of the Council or anyone for whose actions the Council is responsible.

I acknowledge it is proposed that activities in which I may be involved may be photographed or filmed with the intention that the materials are used for publicity or exhibition purposes for the Camden Summer University or Camden Youth + Connexion Service. If I do not wish my photograph to be taken or used for those purposes, I will notify the CSU office prior to starting my course. Data collected at Camden Summer University will be used for monitoring and reporting purposes within the Camden Youth & Connexions Service.

NAME (please print)	SIGNATURE	DATE
----------------------------------	------------------------	-------------------

TO BE COMPLETED BY THE PARENT/GUARDIAN FOR CSU STUDENTS UNDER 18. PLEASE READ THE FOLLOWING DECLARATION THOROUGHLY AND SIGN BELOW.

I consent to my child taking part in the activity and in any of these activities described in this form or in the attached programme or similar. I acknowledge the need for mature and responsible behaviour of my child and believe that this can be expected of him/her. I agree to inform the Project Leader/Course Tutor and the Camden Summer University Office as soon as possible of any changes to any medical circumstances of my child either prior to or during the course.

I agree that in an emergency the course or its representatives may authorise medical treatment including anaesthetic for my child, if it is not possible to contact me first. I will indemnify the course tutor and its projects representatives from any responsibility given to them, in relation to acting 'in loco-parentis' in the case of medical emergencies only.

I understand that any form of abuse or threatening behaviour may result in my child being excluded from an activity or course. In return for including my child on

an activity or course, I agree to indemnify Camden Council, the Activity Leader/Course Tutor and their representatives from all claims and liabilities in relation to any loss or damage suffered by or caused by my child as well as any injury to my child (including death) except and to the extent that such injury (or death) arose out of the act, default or negligence of the Council or anyone for whose actions the Council is responsible.

I acknowledge it is proposed that activities in which my child may be involved may be photographed or filmed with the intention that the materials are used for publicity or exhibition purposes for the Camden Summer University or Camden Youth + Connexion Service. If I do not wish my child's photograph to be taken or used for those purposes, I will notify the CSU office prior to the starting of their course. Data collected at Camden Summer University will be used for monitoring and reporting purposes within the Camden Youth & Connexions Service.

STUDENT'S NAME (please print)	PARENT / GUARDIAN NAME:
DATE	PARENT / GUARDIAN SIGNATURE:

Please return completed application forms to:

**The Administrator
Camden Summer University
Highgate Community Centre
25 Bertram Street
London N19 5DQ**

CONSENT FORM



Camden Summer University is working this year in partnership with Summer University London. Summer University London provide information for young Londoners on courses taking place in all Summer Universities. To comply with Data Protection Act regulations, we need to ask you to consent to how we propose to use or store your data on our database.

Your information is important to us and we need your permission to use it. Unfortunately, we cannot process your application without you ticking the two boxes below:

- You can give my information to Summer University London and to the Summer University(s) running the course(s) I am applying for
- You can include my information anonymously in reports produced by Summer University London or the Summer University(s) that I have applied to

(These reports are useful in showing how many young people attend Summer University courses, what their backgrounds are, which courses are popular with girls or boys and so on, to help us make sure Summer University is as excellent and relevant as it can be)

In addition we would like to use your information in the following ways. If you are happy for us to use your details, please tick the box next to the relevant statement below. Please note that these boxes do not affect your application.

- You can use my details to include me in named reports, to contact me or send me more information about Summer University London and the Summer University(s) I have applied to, including telling me about new courses and upcoming events. You can give my information to other people who might want to use my information for my benefit or who might want to contact me

(We will be very careful to only give your information to people who might be helpful to you, such as other Summer Universities who might want to offer you courses, or to commercial companies who might want to offer you equipment or clothes that will be useful on Summer University courses).

If you require an additional application form one can be downloaded from the Camden website camden.gov.uk/summeruniversity

Please return completed application forms to:

**THE ADMINISTRATOR
CAMDEN SUMMER UNIVERSITY
HIGHGATE COMMUNITY CENTRE
25 BERTRAM STREET
LONDON N19 5DQ**