

UniLife: 3 - 5 July 2018, Stoke Campus



Student Application Form

Deadline for receipt of applications is **Friday 27 April 2018**

SECTION 1: Information about you

Name: _____

Home Address: _____

Postcode: _____

Home Telephone No. (including area code): _____

Mobile No: _____

Email Address: _____

We'd like to keep in touch with you by email after the UniLife event. If you don't want us to do this please tick here:

Date of Birth: _____

Gender: Male Female Current year group: Year 12 Year 13

Which Ethnic Group do you belong to? (Please tick one box)

- | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|
| White | <input type="checkbox"/> | Asian - Other background | <input type="checkbox"/> |
| Black - African | <input type="checkbox"/> | Mixed - White and Asian | <input type="checkbox"/> |
| Black - Caribbean | <input type="checkbox"/> | Mixed - White and Black African | <input type="checkbox"/> |
| Black - Other background | <input type="checkbox"/> | Mixed - White and Black Caribbean | <input type="checkbox"/> |
| Asian - Bangladeshi | <input type="checkbox"/> | Mixed - Other background | <input type="checkbox"/> |
| Asian - Chinese | <input type="checkbox"/> | Other ethnic background | <input type="checkbox"/> |
| Asian - Indian | <input type="checkbox"/> | I prefer not to say | <input type="checkbox"/> |
| Asian - Pakistani | <input type="checkbox"/> | Not known | <input type="checkbox"/> |

Do you identify with having any of the following? (If yes, please tick relevant box/boxes)

- | | |
|---|--------------------------|
| Autistic Spectrum Disorder/Asperger's Syndrome | <input type="checkbox"/> |
| Blind/Partially Sighted | <input type="checkbox"/> |
| Deaf/Hearing Impairment | <input type="checkbox"/> |
| Dyslexia | <input type="checkbox"/> |
| Mental Health Difficulties | <input type="checkbox"/> |
| Non-Visible Disability e.g. Diabetes, Epilepsy, Asthma or Heart Condition | <input type="checkbox"/> |
| Wheelchair User/Mobility Difficulties | <input type="checkbox"/> |

Please outline any support needs: _____

Please indicate your first and second subject choices for UniLife by ticking ONE box in each of the lists below:

1st Choice:

- Art and Design
- Business
- Computing
- Education
- Health
- Journalism
- Law
- Film and Media
- Science
- Sport
- Engineering
- Psychology

2nd Choice:

- Art and Design
- Business
- Computing
- Education
- Health
- Journalism
- Law
- Film and Media
- Science
- Sport
- Engineering
- Psychology

Are you considering going on to Higher Education?

Yes No

Personal Statement:

Please outline why you would like to be considered for this taster event. Please complete as fully as possible, as this will be considered as part of your application.

SECTION 2: School/College/Training Provider Information

To be completed by your tutor

Deadline for returning applications: **Friday 27 April 2018**

Please return to:

Recruitment Events, Marketing & PR, Staffordshire University, Floor 6 Flaxman Building, College Road, Stoke-on-Trent, Staffordshire, ST4 2DE

PLEASE NOTE THAT ALL INFORMATION SUPPLIED IN THIS APPLICATION WILL BE KEPT STRICTLY CONFIDENTIAL.

Name of school/college/training provider: _____

Address: _____

Is the learner subject to a care order / currently leaving the care system Yes No

Does the learner have support needs Yes No

If Yes, please give brief details _____

Declaration to be signed by tutor:

I have checked the details on the application form and I confirm that they are correct and I support this application.

Name: _____

Signature: _____

Phone Number: _____

Email Address: _____

Please note here any particular circumstances in support of this student application. These will be considered alongside the application. These may include social, economic or educational background information. This information will be carefully considered as part of the allocation process, so we strongly recommend completion of this section.

SECTION 3: Parental Information

To be completed by ALL Parents and Carers

This section MUST be completed.

Part 1

Name of Parent/Carer: _____

Relationship to Applicant: _____

Address (if different from Applicant): _____

Occupation: (Please write 'N/A' (not applicable) if you are unemployed or not a wage earner): _____

Daytime Contact Phone Number: _____

Alternative Number: (eg. work/mobile) _____

Email Address: _____

Part 2

Other Parent/Carer (if you have contact):

Name of Parent/Carer: _____

Relationship to Applicant: _____

Address (if different from Applicant): _____

Occupation: (Please write 'N/A' (not applicable) if you are unemployed or not a wage earner): _____

Daytime Contact Phone Number: _____

Alternative Number: (eg work/mobile) _____

Email Address: _____

Courses in Higher Education that you or other Parent/Carer, have completed:

	Mother/Carer	Father/Carer
NVQ (National Vocational Qualification) Level 4 or 5		
Higher National Certificate (HNC)		
Higher National Diploma (HND)		
First degree (eg BA, BSc), Foundation degree		
Higher degree (eg PhD, PGCE, postgraduate certificate/diploma)		
Other (please state)		

Do you consider your child to have a disability, medical condition or learning difficulty?

Yes No

If Yes, please give details _____

SECTION 4: Consent

Staffordshire University has a duty of care towards your child while he/she is attending the taster event. This duty is similar to that of a reasonable parent, as used by school teachers. We expect your child to behave responsibly and to follow all reasonable instructions of those involved in running the event. Please advise your child of their obligations to those running the event. As parent(s)/carer(s), you are responsible for the welfare of your child up to the hand-over point at the beginning of the event and again from the hand-over point at the end of the programme. The University will contact you with details of the hand-over points and travel arrangements.

To be completed by Parent(s)/Carer(s) and also the Applicant if over 18 years or over at the time of this Application.

Data Protection

Higher Education taster events give learners from communities under-represented in Higher Education (HE) the chance to build the skills and confidence necessary to progress to HE. The data provided on this form will be used to:

- prioritise and process your child's application
- administer the Event
- monitor the effectiveness of targeting.

The data collected here will be processed and stored by Staffordshire University in accordance with the Data Protection Act 1998, for administration purposes and to help evaluate the effectiveness of our programme activities. We have a responsibility under the Act to ensure that your data is kept safe and secure. For monitoring and evaluation purposes, this data will be shared with appropriate bodies, or agents acting on its behalf. Your information will not be used in a way that would affect you individually, nor will it be used for marketing purposes. We will only pass on information about you to a third party if we have your permission in writing to do so.

We therefore ask you to consent, in advance, to data being disclosed to appropriate bodies. This consent will remain valid unless, at any time, you tell us that you wish to withdraw your permission. If at any time you wish to object to the accessing, processing or disclosure of personal data, you can do so by writing to: Recruitment Events, Marketing & PR, Staffordshire University, Floor 6 Flaxman Building, College Road, Stoke-on-Trent, Staffordshire, ST4 2DE

Publicity

During events, photographs and/or video/digital footage of your child may be taken, to give your child a reminder of their experience. We may also wish to use this material, with no names attached, to encourage other young people to take part in future events (for example, by using it in printed and web-based publicity or in the University prospectus).

Declaration 1

If the Applicant is aged below 18 years when they apply, their Parent(s) or Carer(s) must tick and sign the Declarations below.

I/We the Parent(s) or Carer(s) have read and understand the important information on this form and give permission for my/our child to attend UniLife and for the use and sharing of our data to make this possible.

Yes No

NB: If you tick 'NO' to the above your child will not be able to attend.

Ticking 'NO' to any of the following questions will not affect your child's application:

I/We the Parent(s) or Carer(s) consent for my/our child's image to be used for publicity materials.

Yes No

I/We the Parent(s) or Carer(s) consent for my/our personal data and that of my child, to be used by Staffordshire University for monitoring and evaluation purposes.

Yes No

Signature of Parent/Guardian or Carer: _____

Print Name: _____ Date Signed: _____

Declaration 2

If the Applicant is aged 18 years or over at the time of applying, both they and their Parent(s) or Carer(s) must tick and sign the Declarations below.

I the Applicant consent to the use and sharing of my personal data to make my attendance possible:

Yes No

NB: If you tick 'NO' to the above you will not be able to attend.

Ticking 'NO' to any of the following questions will not affect your application:

I the Applicant consent for my personal data to be used by Staffordshire University for monitoring and evaluation purposes.

Yes No

I the Applicant consent for my image to be used for publicity materials.

Yes No

Signature of Applicant: _____

Print Name: _____ Date Signed: _____

I/We the Parent(s) or Carer(s) consent for my/our personal data to be used by Staffordshire University for monitoring and evaluation purposes.

Yes No

Signature of Parent/Carer: _____

Print Name: _____ Date Signed: _____

Please complete and return to:

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