Before you complete the form please read the leaflet carefully.

This form has three sections:

**SECTION 1:** All about you, **to be completed by applicants**

**SECTION 2:** Consent and information **to be completed by parents/guardians/carers**

**SECTION 3:** Professional declaration **to be completed by the teacher** who gave you this form

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**Deadline for receipt of applications: 9 March 2018**

### SECTION 1: All about you

Please write clearly in block capitals

<table>
<thead>
<tr>
<th>First name:</th>
<th>Surname:</th>
<th>Preferred first name:</th>
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Your home address:

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<tr>
<th>Your gender: (Please tick one box)</th>
<th>Male</th>
<th>Female</th>
<th>Your date of birth:</th>
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<th>M</th>
<th>Y</th>
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The name of your school or academy:

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<tr>
<th>Which ethnic group do you belong to? (Please tick one box)</th>
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<tbody>
<tr>
<td>White British</td>
</tr>
<tr>
<td>White Irish</td>
</tr>
<tr>
<td>White Other</td>
</tr>
<tr>
<td>Asian Indian</td>
</tr>
<tr>
<td>Asian Pakistani</td>
</tr>
<tr>
<td>Asian Bangladeshi</td>
</tr>
</tbody>
</table>
SECTION 1: All about you (continued)...

Your choices:
Please indicate which event you wish to attend. Please note you cannot apply for both Health Sciences and Routes to the Professions.

Health Sciences 15–17 July  18–20 July
Routes to My Future 15–17 July

We are particularly interested in the reason why you want to attend Your Future – Your Choice. Please use the boxes below to tell us.

What would you like to do for a job or career in the future?

Why do you want to come on Your Future – Your Choice? How do you think it will help you in your future studies and choices?

Any other information relevant to your application:

I confirm I will be available to attend the Summer School on the dates I have applied for. I have also read and understand the data protection statement overleaf.

Yes  No  

Date:

SECTION 2: Your parents/guardian/carers

Have you attended university in the UK or abroad?  Yes  No

Please provide an email address, mobile number and home phone number (if you have one), which we will only use to contact you in case of an emergency and to keep you updated with important information about the Summer School such as practical details, and reminders about the event:

Your home telephone no: 
Your mobile telephone no: 
Your email address: 

The email address provided should be checked regularly as we will send important updates about the Summer School to this address.

Does your child have a disability and/or a learning difficulty?  Yes  No

If yes, please give more details

Is your child subject to a local authority care order?  Yes  No

Is your child eligible for free school meals – even if this is not taken up?  Yes  No

I have read and understand the important information in the Summer School brochure and give permission for my child to take part in the programme. I have also read and understand the data protection statement below.

Yes  No

NB: If you tick ‘No’ to the above we will not be able to accept your application.

Signature of parent/guardian/carer: Print name:  
Date:

Your choices:
Please indicate which event you wish to attend. Please note you cannot apply for both Health Sciences and Routes to the Professions.

Health Sciences 15–17 July  18–20 July
Routes to My Future 15–17 July

Does your child have a disability and/or a learning difficulty?  Yes  No

If yes, please give more details

Is your child subject to a local authority care order?  Yes  No

Is your child eligible for free school meals – even if this is not taken up?  Yes  No

Parent/guardian/carer consent

I have read and understand the important information in the Summer School brochure and give permission for my child to take part in the programme. I have also read and understand the data protection statement below.

Yes  No

NB: If you tick ‘No’ to the above we will not be able to accept your application.

Signature of parent/guardian/carer:  Print name:  
Date:

Your application will be sent to the University of Birmingham’s Student Recruitment and Outreach team who will contact you to confirm whether we’re able to offer you a place on the Summer School.

The information provided by you will be held by the University of Birmingham in accordance with the University’s Data Protection Policy which can be found at our website (www.birmingham.ac.uk/datagovernance). If your application is successful, we will keep it for up to six years; if you are unsuccessful, we will keep it for one year.

Your data will be used to administer and manage your application and, if your application is successful, your participation in the programme.

In addition, if your application is successful, the data may also be shared with Aim Higher universities, Department for Education (DfE), the Higher Education Funding Council for England (HEFCE), UCAS (Universities College and Admissions Service), your school or college, and matched with the National Pupil Database for research and monitoring purposes to help evaluate the effectiveness of this activity as part of the government policy to widen participation in higher education and to develop future policy. Aim Higher universities, DfE, HEFCE, UCAS and your school or college will not use the data you have provided as part of this application in a way that would affect you individually. We will not share your information with any other organisations or for any other purpose.

Thank you. Please return this form to the teacher who gave it to you originally, and they will complete it and return it to the University for you.
SECTION 3: Teacher’s Declaration

In order to consider your students’ application please FULLY complete this section.

There is no cost to the school or student for attending the Your Future – Your Choice Summer Residential. However, the University will charge £100 to each school/college that puts forward a student who drops out (within four weeks of the residential) or fails to arrive at the start of the event and therefore denies a place to another student. It is therefore vitally important that students you put forward for the programme will be fully committed to attending the residential and are appropriate for the event.

Please complete in BLOCK CAPITALS

Staff name

School/Academy name

Contact telephone number: (incl. extension)

Email address

Is the student either Pupil Premium/FSM/FSM6? [ ] Yes [ ] No

In your opinion, has this student the potential to progress to higher education? [ ] Yes [ ] No

Current GCSE target grades

Science:

Maths:

English:

Supporting information (no more than 100 words). Please include comments on eligibility, attitude to work and future learning/career plans, why the applicant would benefit from the experience and any personal circumstances that need to be considered. Especially relevant would be suitability for either Health Sciences or Routes to My Future.

Checklist for teachers (please tick appropriate boxes)

[ ] Student fully meets the targeting criteria

[ ] Parent section fully completed and accurate – to best of my knowledge

[ ] Student has fully completed all sections

Signed __________________

Date __________________

Teachers should return applications by 9 March 2018 to:

Your Future – Your Choice Team
Student Recruitment and Outreach
The University of Birmingham
Edgbaston
Birmingham B15 2TT