



Thank you for your interest in our 2018 Summer Schools. Any information you disclose on this form will not be shared with any third parties, it will only be used to assess your eligibility for the summer school. Information about how the University of Lincoln uses and protects your data can be found in our privacy policy at <https://www.summerschoolscoa.lincoln.ac.uk/privacy-notice>.

You can download, complete and email this form back as an attachment to summerschools@lincoln.ac.uk. Alternatively, you can print and return to us by post at: **Kathryn Lambert, Business Development Administrator, University of Lincoln, College of Arts, Brayford Pool, Lincoln, LN6 7TS.**

First Name:	
Surname:	
Gender:	
Date of Birth:	
Address:	
Postcode (mandatory):	
School / College:	
Contact Number:	
Contact Email Address:	
Parent/Guardian Name:	
Parent/Guardian Contact Number:	

Which Summer School are you interested in? Please tick.

Architecture and Design: Creative Industries, 16 th – 20 th July	<input type="checkbox"/>
Contemporary Dance, 23 rd – 27 th July	<input type="checkbox"/>
Acting and Stage Combat, 30 th July – 3 rd August	<input type="checkbox"/>

Why do you want to participate in this Summer School (max 200 words)?

Please tick the boxes that you feel relate to you:

I will be the first person in my family to go to University	
I am currently / have been eligible for free school meals	
I am currently / have been in the care of my local authority	

How did you hear about this course?	
Do you have any special needs or requirements? If there is anything you wish to discuss in confidence, please do not hesitate to contact the project administrator on 01522 835350.	
Notice for Students and Parents: Application and Selection Process This is a Widening Participation initiative and places are allocated dependent on criteria. We will contact you within 7 working days to advise if your application is successful, unsuccessful, or if we have placed you on our wait list. Your participation in this Summer School will not influence decision making processes regarding any future applications you make to the University of Lincoln. By signing this application form you are agreeing to the terms and conditions of this application and selection process. <input type="checkbox"/> I agree that all of the information on this form is correct to the best of my knowledge, and any information found to be false may prevent my application from being considered.	
Applicant Signature:	Date:
Name of Parent/Guardian:	
Signature:	Date:

Keeping in touch:

We would like to send you information about our future short programmes and summer schools by email. You can unsubscribe at any time. Please see our privacy notice for more information on how we look after your information.

- Yes please, I would like you to send me information about future courses via email
- No thanks, please don't send me information