

BRITISH ACADEMY SUMMER SCHOOL

APPLICATION FORM - UK & EUROPE

PLEASE COMPLETE IN BLOCK CAPITALS

1 Name and address:

Last name _____

First name _____

Address _____

Post Code _____

Country _____

Other personal details:

Telephone _____

Mobile _____

Email _____

Date of Birth: _____

Day / Month / Year

Sex: M [] F []

Attending from: _____

Day / Month

to: _____

Day / Month

I understand it is up to me to make arrangements for accommodation outside the above dates []

2 Any medical problems:

National Health No (if applicable)

Any medically prescribed dietary needs:

I am vegetarian but also eat fish []

I am vegetarian only []

I eat meat []

(You can't change your choice of menu later.)

3 People to contact in case of emergency:

First name Surname

Telephone

First name Surname

Telephone

Relationship and times when they can be reached:

Relationship _____

When person can be reached _____

Relationship _____

When person can be reached _____

4 Permission to use pictures of the student on our website or Newsletter

The undersigned agrees that such participant's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicise the Summer School program. Such images will not be linked to personally identifiable information.

Consent

Do not consent

5 Emergency Medical Treatment (for applicants under 18)

I authorise the Leaders of the School to give permission to the doctor to undertake whatever treatment is considered necessary for my son/daughter.

Signed _____

Date _____

(Parent/Guardian)

6 Code of Conduct

I understand that the Rules and Guidelines of the Summer School must be observed.

Signed _____

Date _____

(Student)