

EVENT DETAILS

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|-------------------------------|--|----------|----------|----------|----------|
| Event Reference | UEA2010-001 | | | | |
| Event Name | 'Crime and Detection' Summer School 2010 | | | | |
| Date/Cost per Student | Wed 18 August – Fri 20 August. £240 Full fee. £120 Subsidised. Please read Appendix 2 for Financial Assistance Category criteria | | | | |
| Financial Assistance Category | A | B | C | D | E |

STUDENT CONTACT AND PERSONAL DETAILS

| | | | |
|----------------|--|---------------|--|
| First Name (s) | | Email Address | |
| Surname | | Home Tel | |
| Address | | Mobile | |
| | | Date of Birth | |
| | | Year | (eg the year group you entered 1 Sep 09) |
| County | | Gender | <input type="checkbox"/> Male |
| Postcode | | | <input type="checkbox"/> Female |

SCHOOL OF ATTENDANCE

| | | | |
|-------------|--|-----------|--|
| School Name | | | |
| Address | | | |
| County | | Telephone | |
| Postcode | | Fax | |

PARENT/CARER CONTACT DETAILS

NB Only complete details for parents/carers **currently living in the same home** as the student applying for this event.

| Parent/Carer 1* | | Parent/Carer 2* | |
|--|--|--------------------------------|--|
| First Name(s) | | First Name(s) | |
| Surname | | Surname | |
| Daytime Tel | | Daytime Tel | |
| Evening Tel | | Evening Tel | |
| Mobile Tel | | Mobile Tel | |
| Email | | Email | |
| * If you are in the care of your local authority please tick this box. | | <input type="checkbox"/> | |
| Contact Name in your Local Authority | | Local Authority Contact Tel Nr | |

ACADEMIC INFORMATION

Have you ever been a member of NAGTY?

Yes No

Have you been identified as **gifted and talented** by your school?

Yes No

PERSONAL STATEMENT

This event is aimed at students who started year 10 or 11 in Sept 2009 and have been identified as Gifted & Talented by their school.

In your own handwriting and in no more than 200 words, please tell us a little more about yourself. You should include why you would like to attend the Summer School and what you believe you would gain from the experience.

TEACHER STATEMENT

Do you support this application? Although not a requirement, please feel free to include a short comment below if you so wish.

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

Name of teacher

Signature of teacher

Date

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IMPORTANT MEDICAL INFORMATION

Please let us know if there are any specific medical conditions or serious allergies we should be aware of in the event of an emergency while this student is attending an Excellence East event, e.g. nut or other serious allergic reactions, asthma, etc.

PARENT/CARER DECLARATION

I state that this form has been completed with the requested information and to the best of my knowledge.

In accordance with UK Data Protection Act (1998), the information provided on this form will be used for the purposes of this event and for monitoring and statistical purposes to evaluate Excellence East only. The information will be stored securely for up to five years, will only be accessible to University staff and used only for the purposes stated.

If you do not wish this information to be used for evaluation purposes, please tick this box

I have read the information on this form alongside any additional details and understand that I will be responsible for my child/ward up to the agreed handover point at the beginning of each day and again from the handover point at the completion of each day.

In the event of any emergency, I give permission for staff supervising the event to authorise first aid treatment by a qualified first aider and/or medical treatment which is deemed necessary by a qualified medical practitioner.

Do you consent to your child/ward participating in any media recording (photographs, interviews, news stories, etc) that will be solely used for promotion and evaluation?

YES NO

Signature of parent/carer

Relationship to child

Date

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|--|
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Appendix 1 - ADDITIONAL INFORMATION

It helps us to monitor equal opportunities and ensure our activities are accessible to all if we collate information about students and their families. It would greatly assist us in our evaluation of the Excellence East project if you could provide us with the additional information below.

| Qualifications of | Parent/Carer 1 | Parent/Carer 2 |
|-------------------|--------------------------|--------------------------|
| None | <input type="checkbox"/> | <input type="checkbox"/> |
| GCSE or O level | <input type="checkbox"/> | <input type="checkbox"/> |
| A levels | <input type="checkbox"/> | <input type="checkbox"/> |
| HND or HNC | <input type="checkbox"/> | <input type="checkbox"/> |
| UK Degree | <input type="checkbox"/> | <input type="checkbox"/> |
| Non UK degree | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |
| No Contact with | <input type="checkbox"/> | <input type="checkbox"/> |

Occupation of Parent/Carer 1

Occupation of Parent/Carer 2

Please let us know about any difficulties you may have in finding out about or attending Excellence East events, e.g. transport problems, limited or no access to the internet and/or printing facilities

Please tick the box that best describes your ethnic background.

- White – British
- White – Irish
- Other White Background
- Black or Black British – Caribbean
- Black or Black British – African
- Other Black Background
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Asian or Asian British – Bangladeshi
- Chinese
- Other Asian Background
- Mixed – White and Black Caribbean
- Mixed – White and Black African
- Mixed – White and Asian
- Other Mixed Background
- Other Ethnic background

Please tick any relevant boxes and attach additional information where necessary:

- I have mobility problems
- I use a wheelchair
- I need information on disabled access
- I have a visual impairment
- I require information in large print, taped, Braille or on disk
- I have a hearing impairment
- I require an induction loop
- I require a sign language interpreter
- I use a guide or hearing dog
- I am dyslexic
- I require information on coloured paper (please specify colour _____)
- I have a diagnosis of Asperger's Syndrome
- I have personal care support
- I have chronic medical issues
- I have mental health difficulties
- Other support needs such as note taker, lab assistance (continue on separate sheet if necessary)

Appendix 2 - FINANCIAL ASSISTANCE CATEGORIES

- There are a minimum of 10% of places free of charge to students (see Category A, B and C for details)
- There are a minimum of 30% of places at half price to students (see Category D for details)
- We outline the various categories below and you should **circle in the first section of this form** which category you wish to apply under. If you leave this blank we will assume you are paying full price (if a charge is applicable).
- Please DO NOT send payment with this form. We will ask for payment when we confirm that you have a place on the event.
- Photocopies of any personal financial documentation you attach will be destroyed/shredded once received and noted, and will not be retained on our files.
- Both the number of free and subsidised places are limited and availability is dependant on the pool of students applying for each event. Therefore students who receive financial assistance for one Excellence East event are not automatically entitled to similar assistance for further events. However we will always endeavour to offer financial assistance where at all possible.
- Excellence East does not make a profit from its programme of events and all payments received are used for the provision of gifted and talented activities and their associated running costs.

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|---|---|
| <p><u>CATEGORY A</u></p> <p>I am applying for a free place on the basis that I am in receipt of Free School Meals. In support of this my school has certified and stamped below that I am included on the Free School Meals Register or I attach an original signed letter on school headed notepaper instead.</p> <p>School Stamp</p> | <p>Signed by (please print) _____</p> <p>Position in School _____</p> <p>Signature _____</p> <p>Date _____</p> |
| <p><u>CATEGORY B</u></p> <p>I am applying for a free place either on the basis that I am eligible for Free School Meals but do not claim them or my total household income for 2008/09 was less than £16,040</p> <p>In support of this I attach a photocopy of written documentation on behalf of my parent(s) of one of the following documents</p> | <ul style="list-style-type: none"> ○ Income Support (IS) ○ Income Based Jobseekers Allowance (IBJSA) ○ Support under part VI Immigration and Asylum Act 1999 ○ Child Tax Credit, provided there is no entitlement to Working Tax Credit and annual income (as assessed by Her Majesty's Revenue and Customs) as of <u>6 April 2009</u> does not exceed <u>£16,040</u> ○ e) The Guaranteed element of State Pension Credit. |
| <p><u>CATEGORY C</u></p> <p>I am applying for a free place as I am in the care of my Local Authority and I attach a letter from my school/Local Authority to verify this</p> | |
| <p><u>CATEGORY D</u></p> <p>I am applying for a half price place on the basis that my household income for the 2008/09 Tax Year was less than £31,581. In support of this I attach a photocopy of written documentation on behalf of my parent(s) of either a Tax Credit Award Notice (TC602) or a P60.</p> | |
| <p><u>CATEGORY E</u></p> <p>I am not applying for assistance and will pay the full fee if offered a place.</p> | |
| <p>Office Use: The applicable documentation was received and reviewed by _____ Date</p> | |