

# APPLICATION FOR ADMISSION Summer School in English (2020)

This form can be completed electronically, or if you wish to fill out the form by hand, please complete in block capitals using black ink.

**FOR OFFICIAL USE ONLY**

**Received: .....**

**ID No: .....**

<b>PROGRAMME</b>	<b>I am applying for the Summer School in English programme for the following period/s:</b>		
	Full programme (three Parts): 09 July - 02 August 2020		
	Part 1: 09 - 19 July 2020		
	Part 2: 16 - 26 July 2020		
	Part 3: 23 July - 02 August 2020		

<b>PERSONAL DETAILS</b>	Group name (if applicable)			
	Have you previously applied to Newbold?	Yes		No
	Title			
	Surname			
	Previous surname (if applicable)			
	First name			
	Preferred name			
	Date of birth (DD/MM/YYYY)			
	Gender	Male		Female
	Marital status	Single		Married
	Nationality (as per passport)			
	Country of birth			
	Permanent address			
	Postcode			
	Country			
Home telephone number				
Mobile telephone number				
E-mail				

<b>ACCOMMODATION</b>	<b>HALLS OF RESIDENCE</b>		
	Keough House (male residence)		Schuil House (female residence)
	<b>Please share any other information you feel relevant to your accommodation needs.</b>		

**Medical consent:**

In case of emergency, every effort will be made to contact the below mentioned persons.

**Parent/guardian of under 18s:**

In the unlikely event that the College is unable to establish contact with either of your designated emergency contacts listed below, do you consent to a Designated Safeguarding Officer (DOS) or Residential Life Manager authorising emergency medical treatment, if required?

<b>Yes, I consent</b>		<b>No, I do not consent</b>	
-----------------------	--	-----------------------------	--

**Main emergency contact**

Surname				
First name				
Relationship to applicant (e.g. parent, friend)				
Permanent address				
Postcode				
Country				
Telephone number		E-mail address		

**Second emergency contact**

Surname				
First name				
Relationship to applicant (e.g. parent, friend)				
Telephone number		E-mail address		

Students who come from countries where no reciprocal medical agreement applies should obtain private medical insurance.

Name of insurer			
-----------------	--	--	--

**Please indicate if you have any of the following:**

Allergies		Asthma	
Depression		Eating disorder	
Epilepsy		Panic attacks	
Other (please specify)			
Are you being treated for any of the above?	Yes		No
If yes, please give details:			
Are you allergic to penicillin or any other drugs?	Yes		No
If yes, please give details:			
Are you receiving medical treatment at present?	Yes		No
If yes, please give details:			
Do you have any dietary restrictions? <i>Please note that only vegetarian meals are served in the Cafeteria.</i>	Yes		No
If yes, please give details:			
Do any of the following disabilities apply to you?	Yes		No
If yes, please tick all that apply			
Blind or partially sighted		Dyslexia	
Deaf or hearing impaired		Unseen disability (e.g. diabetes, epilepsy)	
Mental health difficulty		Wheelchair user or impaired mobility	
Require a personal care assistant		Multiple disabilities	
Other disability (please specify)			

<b>REFERENCE</b>	<b>Please provide the details of the referee you have given a reference form to.</b>		
	Title and full name		
	Position		Telephone/mobile
	Relationship to applicant		
	E-mail		
	Address		

<b>DECLARATION</b>	<b>This section MUST be completed by the applicant:</b>	
	The information you supply on this form will be used by Newbold in accordance with the Data Protection Act 1998 and other applicable legislation. I agree to Newbold processing personal data, described as Special Category Data, as defined under the General Data Protection Regulation.	
	The information from your application will be used to set up a student record on the College's student information system. Where required, this information may be shared with the government or their respective agents to check the accuracy of personal information provided by students against external data sources such as the Higher Education Statistics Agency. The College may also contact other institutions to confirm previous qualifications obtained.	
	You can find further details on our digital Privacy Policy on our website: <a href="http://newbold.ac.uk">newbold.ac.uk</a>	
	By signing this form, I confirm that I am the applicant and the information I have provided in this form is accurate. I agree to Newbold processing personal data contained in this form for any purposes connected with my studies, the administration of my course or my health and safety whilst on College premises.	
	By typing your name here, you are signing this form electronically.	
	<b>Signature of applicant</b>	<b>Date</b>
	<b>To be signed by a parent or legal guardian of applicants aged 16-18:</b>	
	The Summer School programme is made up of organised, supervised activities such as classes, excursions, evening entertainment and sport. However, there will be free time during the weekends, afternoons and evenings and on some occasions your son/daughter may choose to go shopping or sightseeing alone or with friends. During these times your son/daughter will not be supervised. To ensure that we are covered legally, we ask you to give your consent to this by signing here.	
	By typing your name here, you are signing this form electronically:	
	<b>Signature of parent/guardian</b>	<b>Date</b>

**Please make the necessary payment in one of the following ways:**

- PaytoStudy (online payment using this link: <https://newbold.paytostudy.com>) and referencing the applicant's name or student number;
- By the following credit/debit cards: MasterCard, Visa, American Express (subject to 4% surcharge), Delta, and Switch. If you need assistance please call +44 (0)1344 407 407 and ask to speak to the Cashier.

**GBP Account**

HSBC UK Bank, PLC  
 9 High Street Bracknell,  
 Berkshire RG12 1DN  
 England  
 Account name: Newbold College LTD  
 Sort Code: 40-13-10  
 Account number: 91427059  
 IBAN: GB96HBUK40131091427059  
 BIC: HBUKGB4102U

**EURO Account**

HSBC Bank, plc  
 9 High Street Bracknell,  
 Berkshire RG12 1DN  
 England  
 Account name: Newbold College LTD  
 Sort Code: 40-12-76  
 Account number: 57306280  
 IBAN: GB96HBUK40127657306280  
 BIC HBUKGB4B

**Please note:**

If you are choosing the bank transfer option, please attach a copy of the transfer details to ensure your payment is allocated to your account immediately. Due to the possibility of fraud, should you receive any bank account information other than the above, or any instruction asking you to transfer money to any person, persons or entity, please do not do so. Our bank account details do not change and will not change in the foreseeable future.

**I will be paying for the following:**

All three Parts (full programme): £2,224  
 Part 1: £881  
 Part 2: £881  
 Part 3: £881  
 Two consecutive Parts: £1,634

Name of student	
Name of person paying	
Address of person paying	
Telephone number of person paying	
E-mail address of person paying	
Amount paid	
Method of payment	