



The Excellence Hub for Yorkshire and Humber

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### Application to attend an event or course

Please note that some events are heavily over-subscribed and students are not guaranteed to secure a place. You will receive confirmation about your place after we have received your application.

Course Name: \_\_\_\_\_

University: \_\_\_\_\_

Date: \_\_\_\_\_ Venue: \_\_\_\_\_

#### SECTION 1: TO BE COMPLETED BY THE STUDENT

First name:

\_\_\_\_\_

Surname:

\_\_\_\_\_

Home address:

\_\_\_\_\_

\_\_\_\_\_

Postcode (essential):

\_\_\_\_\_

Email address:

\_\_\_\_\_ @ \_\_\_\_\_

Home telephone (including area code):

\_\_\_\_\_

Gender:

Male

Female

Date of birth:

\_\_\_\_\_

Name of school/college:

\_\_\_\_\_

\_\_\_\_\_

Town of school/college:

\_\_\_\_\_

Are you aware of having being identified as Gifted and Talented?

Yes  No

It helps us to monitor equal opportunities if we collate information about students and their families. It would greatly assist us if you could provide us with the additional information below. None of this information will influence your chances of being allocated a place.

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

So that we can try to accommodate any requirements, please tick any relevant boxes

- I have mobility problems
- I use a wheelchair
- I need information on disabled access
- I require information in large print, taped, Braille or on disk
- 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
- I have a diagnosis of Asperger's Syndrome
- I have personal care support
- I have chronic medical issues
- I have mental health difficulties
- Other – give details on a separate sheet
- I do not wish to disclose this, but I would like someone to contact me to discuss how my special requirements can be catered for

PLEASE TURN OVER FOR SECTION 2. BOTH SECTIONS MUST BE COMPLETED BEFORE RETURNING.

## SECTION 2: TO BE COMPLETED BY THE PARENT, CARER OR LEGAL GUARDIAN

### CONTACT DETAILS FOR PARENT/CARER

Name: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

### ALTERNATIVE CONTACT PERSON

Name: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Please give details of any special requirements your son/daughter/ward has (eg. dietary, allergies, faith requirements, special needs requirements, etc.)

### PUBLICITY CONSENT

Do you consent to your child/ward participating in any media recording (photographs, filming, interviews, etc.) that will be solely used for promotion and evaluation of the Excellence Hub programme?

Yes  No

### STUDENT ELIGIBILITY CRITERIA

Students must have been identified as being high achieving by their school/college to be eligible to attend Excellence Hub events. Please tick the following box to confirm that this is true for your child/ward:

Please note that priority will be given to students who also meet one or more of the following criteria. If a student does not meet any of the criteria below they will only be allocated a place if the event cannot be filled with students who do meet the criteria. Please tick the statement(s) that are true for your child/ward:

- The student is eligible to receive free school meals
- There is no history of higher education (studying at university level) in the student's immediate family (excluding siblings)
- The student is living in, or has experienced a period of time living in, local authority care

### SECTION 3: DECLARATION, TO BE COMPLETED BY THE STUDENT AND THE PARENT/CARER

I have completed the form with the requested information to the best of my knowledge. I have read the information on the form alongside additional details and understand that I will be responsible for my son/daughter/ward up to the handover point at the beginning of the courses and again from the handover point at the completion of the day courses. I will be responsible for travel to and from the event. In the event of an emergency, I give permission for staff supervising the event to authorise medical treatment for my child which is deemed necessary by a qualified medical practitioner.

The information you provide will be passed to the University of York and will be shared with the other partner universities within the Excellence Hub (the Universities of Hull, Leeds and Sheffield) for the purposes of administration, evaluation, and monitoring and tracking purposes only. Your contact details will not be passed on to any third party organisations. The Excellence Hub organisers may wish to contact you in the future to discuss this activity. If you do NOT want to be contacted please tick this box.

Please sign below to confirm that you agree with the statements above. By signing this declaration you confirm that the student consents to their details being used and shared for the above purposes. Please note that we cannot process this form without signed consent.

Signature of parent: \_\_\_\_\_

Printed name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date signed: \_\_\_\_\_

Signature of student: \_\_\_\_\_

Enquiries and completed forms should be sent to:  
Michelle Hughes, Excellence Hub Coordinator, Student Recruitment and Admissions,  
The University of York, Heslington, York, YO10 5DD  
Telephone: 01904 324044 Fax: 01904 323538 Email: excellencehub@york.ac.uk