

The Oxford Experience Application Form 2012

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

PERSONAL INFORMATION

Title (Mr/Ms/Other) Male Female

First names
As shown on passport

Last name
As shown on passport

Preferred name for name badge *One first name and one last name only*
.....

Date of birth day month year

Nationality *As shown on passport*
.....

Will you be travelling to the UK on an EU passport? Yes No

Address
.....

Country

Email

Telephone (home)

Telephone (daytime)

Fax

Occupation

COURSE CHOICES

Week 1: 01-07 July 2012

First choice

Second choice

Week 2: 08-14 July 2012

First choice

Second choice

Week 3: 15-21 July 2012

First choice

Second choice

Week 4: 22-28 July 2012

First choice

Second choice

Week 5: 29 July – 4 August 2012

First choice

Second choice

Week 6: 05-11 August 2012

First choice

Second choice

SPECIAL NEEDS AND REQUESTS

Health

Do you have a disability/special need? Yes No

If yes, please state your disability or describe any special need/support required to assist you with your study
.....
.....

Dietary Requirements

The following special diets are available but only if requested in advance

Vegan	<input type="checkbox"/>	Gluten-free	<input type="checkbox"/>
Vegetarian	<input type="checkbox"/>	Non-dairy	<input type="checkbox"/>
Fish-eating vegetarian	<input type="checkbox"/>	Diabetic	<input type="checkbox"/>
Demi-vegetarian (No red meat)	<input type="checkbox"/>		

Food allergy – please specify

Accommodation*

Please indicate your accommodation preference by ticking the appropriate box

Standard single room

Without private bathroom facilities

'Twin set' comprising two single rooms

Opening off a sitting room

Without private bathroom facilities

Sharing with *Please state name*
.....
.....

Limited availability

Single room

With private shower and toilet

Supplement of £180 per week

Very limited availability

Twin room containing two single beds

With private shower and toilet

Supplement of £90 per week

Sharing with *Please state name*
.....
.....

Very limited availability

Do you **need** a ground or first floor room? Yes No

Limited availability

Please state any other accommodation requests
.....
.....

*Please note that all accommodation requests will be passed on to Christ Church. The college will endeavour to meet as many requests as possible; however, other than the availability of private bathroom facilities, these cannot be guaranteed in advance of the programme. NB First floor rooms are typically up two flights of stairs.

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PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name
Relationship
Telephone (daytime)
Telephone (home)
Email

(a) Information collected on this form will be held in accordance with the provisions of the Data Protection Act 1998 for the purposes of processing your application and for student administration. It will be held securely and not passed on to third parties (please see our privacy policy www.admin.ox.ac.uk/councilsec/privacy.shtml for further information). Periodically, the Department may send you information about its future programmes, about other activities related to its programmes and about the benefits and services which are available to students of the Department. If you do not wish to receive such information, please tick the following boxes:

MARKETING AND DATA PROTECTION

How did you find out about the **The Oxford Experience** Programme?

Past participant in this programme

Last attended in (year)

Searching the OUDCE website
www.conted.ox.ac.uk

Link from another website
Which?

A search engine
Which?

Referred by an educational institution or other organisation
Which?

An advert or article in a newspaper or magazine
In which publication?

Other
Please be as specific as possible

.....
.....

I do not wish to receive information by post

I do not wish to receive information by email

b) The Department for Continuing Education may occasionally wish to collect images (both photographs and video recordings) of its activities, including lectures, tutorials, seminars and social events. These photographs and video recordings may be used by the Department for Continuing Education and the University for the promotion of their educational activities.

I hereby grant to the Department for Continuing Education and Oxford University the right and permission to take, hold, use, and publish photographs and video recordings in which I appear in printed or electronic media, including the internet, for advertising and promoting educational activities. I understand that if I no longer want a photograph in which I appear to be used, I can contact the Programme Administrator to request that it be removed. However, I accept that it might not always be possible to remove all existing copies from circulation.

Please tick this box if you do not wish photographs and video recordings of you to be used as described above.

DECLARATION

In enrolling on **The Oxford Experience 2012** I accept responsibility for payment of the full fees. I certify that the information given in this application is complete and accurate to the best of my knowledge. I accept the terms and conditions as indicated on the programme website and as listed at www.conted.ox.ac.uk/courses/termsandconditions. I also agree to abide by the regulations of OUDCE (available online at www.conted.ox.ac.uk/students/disciplinaryregulations).

Subject to English law.

Signature

Date