

OUSSA 2024

ENROLMENT FORM

Please use **BLOCK CAPITALS**. Completed forms should be sent to the OUSSA course team by:

**Email:** [oussa@conted.ox.ac.uk](mailto:oussa@conted.ox.ac.uk)  *or* **Post:** OUSSA

Department for Continuing Education

University of Oxford

1 Wellington Square, Oxford, OX1 2JA, UK

*Information collected on this form will be held in accordance with the provisions of the General Data Protection*

*Regulations (GDPR) for the purposes of processing your application and for student administration. For details, see the*

*student privacy policy at:* [*compliance.admin.ox.ac.uk/student-privacy-policy*](file:///\\fs3.conted.ox.ac.uk\Data\Marketing\Summer%20Schools\2024%20courses\OUSSA%202024\enrolment%20form\compliance.admin.ox.ac.uk\student-privacy-policy)

**YOUR DETAILS**

**ACCOMMODATION**

Title (eg Mr/Ms/Dr) ………………….. Male  Female

All first names

(as shown on passport) ………………………………………...…………………..

Last name

(as shown on passport) ………………………………………………..…….……..

Preferred name for name badge (*one first name and one last only*) ……………………………………………………………………………………..…..

Date of birth: Day…….. Month…… Year…… (*eg 25 Dec 1990*)

Nationality (as shown on passport) …………………..……………..………..

Street address ……………………………………………………………………………

Town……………………………………………………………………………………..…..

Region/state……………………………………………………………..…………..…..

Postal/ZIP code…………………………………………………………………………..

Country ……………………………………………………………………………………..

Email …………………………………………………………………………….…………..

Telephone (*home*) ……………………………………………………………………..

Telephone (*daytime*) …………………………………………………………….…..

Occupation ………………………………………………………………………………..

All bedrooms have a private shower, toilet, tea and coffee

making facilities, Freeview television and free Wi-Fi.

Please indicate your accommodation preference by ticking the appropriate box below.

**Non-residential** *no accommodation*

**Single en suite** *one single bed; private shower and toilet*

**Twin en suite** *two single beds; private shower and toilet* Sharing with (please state name) ……………………………………………..

**Double en suite** *one double bed; private shower and toilet*

Sharing with (please state name) ……………………………………………..

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

*We will endeavour to meet as many accommodation requests as possible but these cannot be guaranteed. Please note that first-floor rooms are typically located up two flights of stairs.*

**COURSE CHOICES**

**Week 1: 6-13 July 2024**

First choice ………………………………………………………………………………..

Second choice …………………………………………………………………………...

**Week 2: 13-20 July 2024**

First choice ………………………………………………………………………………..

Second choice …………………………………………………………………….……..

**Week 3: 20-27 July 2024**

First choice ………………………………………………………………………………..

Second choice ………………………………………………………………….………..

**Week 4: 27 July - 3 August 2024**

First choice ………………………………………………………………………………..

Second choice ……………………………………………………………….…………..

**Week 5: 3-10 August 2024**

First choice ………………………………………………………………………………..

Second choice …………………………………………………………………….……..

**EMERGENCY CONTACT**

*(Someone who will* ***not*** *be travelling with you)*

Name ……………………………………………………………………………..………..

Relationship …………………………………………………………………….………..

Telephone (*home*) ………………….. (*daytime*) …………………….………..

Email ……………………………………………………………………………….………..

Address ……………………………………………………………………………………..

**DIETARY REQUIREMENTS**

Do you have a disability or long-term medical condition? **Yes** (please tick all that apply below)

A specific learning disability such as dyslexia, dyspraxia or AD(H)D

General learning disability (such as Down’s syndrome)

A social/communication impairment such as an autism spectrum condition or disorder

A long-standing illness or health condition such as cancer, HIV, diabetes, epilepsy, chronic fatigue syndrome, etc

A mental health condition such as depression, anxiety, bipolar disorder, etc

A physical impairment or mobility issues

Deaf or serious hearing impairment

Blind or serious visual impairment uncorrected by glasses (please specify)

A disability, impairment or medical condition not included above (please specify) ………………………………………..

Prefer not to say

**No known disability** **Prefer not to say**

Please describe any special need/support required to assist you with your study (eg disabled access, hearing loop etc.) We ask this so we can assist you.

………………………………………………………………………………………….

**DISABILITY**

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

Vegan Vegetarian Fish-eating vegetarian

No fish No shellfish No fish or shellfish

Gluten-free No nuts Non-dairy

Halal Other Allergies………………………………

**ENGLISH LANGUAGE COMPETENCY**

I am a native speaker of English

I hold an IELTS score of 7.5 or equivalent

I am exempt because:

I have attended before

I have supplied evidence before

I hold an under- or postgraduate degree in which the language of instruction and assessment was English

**CERTIFICATE OF HIGHER EDUCATION**

Are you enrolled on the Certificate of Higher Education at the Department?

☐Yes ☐No

*See* [*www.conted.ox.ac.uk/certhe*](http://www.conted.ox.ac.uk/certhe) *for more details.*

**ETHNIC ORIGIN AND RELIGION**

**How would you describe your ethnic origin?** (Please tick one box)

Arab  Mixed - White and Asian  Not known

Asian or Asian British –  Mixed – White and Black African  Prefer not to say

Bangladeshi  Mixed – White and Black Caribbean

Asian or Asian British – Chinese  Any other mixed ethnic background

Asian or Asian British – Indian  White – British

Asian or Asian British – Pakistani  White – Irish

Any other Asian background  White – Gypsy or Irish Traveller

Black or Black British – African  White – Roma

Black or Black British – Caribbean  Any other White background

Any other Black background Any other ethnic background

**What is your religious belief?** (Please tick one box)

Prefer not to say No religion Buddhist Christian Hindu Jewish

Muslim  Sikh  Any other religion or belief

**WHAT IS YOUR HIGHEST QUALIFICATION?** (Please tick one box)

No formal qualifications Bachelor’s degree (UK, honours) Master’s degree (non-UK)

GCSE, O-Level, or equivalent Bachelor’s degree (non-UK) Doctorate (UK)

A-level or equivalent Postgraduate certificate Doctorate (non-UK) Undergraduate certificate Postgraduate teaching qualification Other: ……………………… Undergraduate diploma Postgraduate diploma

Bachelor’s degree (UK, Master’s degree (UK)

non honours)

**ACADEMIC RECORD**

**FURTHER INFORMATION**

*The following information is required by the Higher Education Statistics Agency (HESA) to monitor equal opportunities and widening participation in the higher education sector and support higher education providers in meeting their obligations under the Equality Act 2010. The University of Oxford is now required to ask these questions for students who are enrolled on courses that can be taken for academic credit.*

Do any of your parents (natural, adoptive, step- or guardians who brought you up) have any higher education qualifications, such as a degree, diploma or certificate of higher education?

Yes  No  Not known  Prefer not to say

Which of the following best describes your sexual orientation?

Bisexual  Gay or lesbian  Heterosexual or straight  Other sexual orientation  Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

Yes  No  Prefer not to say

Please indicate if you have experienced care:

Yes  No  Prefer not to say

**DECLARATION**

**HOW DID YOU FIND OUT ABOUT OUSSA?**

I certify that the information given in this application is complete and accurate to the best of my knowledge.

In enrolling on OUSSA 2024 I accept responsibility for payment of the full fees in accordance with the course web page ([www.conted.ox.ac.uk/oussa](http://www.conted.ox.ac.uk/oussa)) and the Department’s *Terms and Conditions for entry in 2023-24 for open access courses* (*no entry requirements)* (detailed at [www.conted.ox.ac.uk/terms-and-conditions](https://conted.ox.ac.uk/mnt/attachments/cont-ed-open-access-student-ts-and-cs-for-2023-24-entry.pdf)).

I also agree to abide by the Department’s *Disciplinary regulations* (detailed at [www.conted.ox.ac.uk/policies-and-guidance](file:///\\fs3.conted.ox.ac.uk\Data\Marketing\Summer%20Schools\2024%20courses\OUSSA%202024\enrolment%20form\www.conted.ox.ac.uk\policies-and-guidance)).

Signature …………………………………….…………………………………..

Date ………………………………………………………………………………..

*Select one option only*

I am a past participant in this summer programme

*I last attended in (year) …………………………………………………….*

Internet search

*Which search terms did you use? ……………………………………..*

Link from another website

*Which? …………………………………………………………………………….*

Advert or listing; blog or article; social media

*Which and where? ……………………………………………………………*

Personal recommendation

*From whom? …………………………………………………………………..*

**STAY INFORMED OF CONTINUING EDUCATION NEWS AND EVENTS**

**Please keep me informed about Oxford Continuing Education courses, events, research and news by email:**

**Yes** *(you can opt out of communications at any time)*