***LJMU Year 10 University Experience***

***Thursday 27th June – Friday 28th June 2024***

Thank you for showing interest in attending LJMU’S Year 10 Summer University Experience.

This year, we are pleased to offer up to 30 places to pupils interested in having a taste of university life. The residential is fully funded and **completely free** for participants to attend.

It is a 2-day 1-night event which will allow you to find out more about the exciting subjects and Facilities Liverpool John Moores University has to offer. The event will begin at **10:30am on Thursday 27th June** andwill finish at **15:00pm on Friday 28th June 2024.** The programme will consist of interactive workshops and taster sessions as well as social activities giving you a flavour of student life. You will get the opportunity to stay in student accommodation close to the University and have plenty of opportunities to talk to current students, tour LJMU facilities and explore the city.

**There are three sections on the form below, one for participants, one for parents/carers and one for school staff**. Please use this form to tell us as much as you can about yourself and your reasons for applying to come onto our Summer University. **We cannot process an application unless all sections are complete** so please double check before submitting 😊

Completed applications must be returned to [summeruniversity@ljmu.ac.uk](mailto:summeruniversity@ljmu.ac.uk) by Friday 7th June 2024. If you could please entitle the email ‘LJMU Year 10 Application’. We will then inform you if you have successfully gained a place.

Any questions in the meantime please don’t hesitate to reach out to [Outreach@ljmu.ac.uk](mailto:Outreach@ljmu.ac.uk).

Good luck and we hope to see you in the Summer!

The LJMU Outreach Team

***Section one: Participant Details***

This section is to be filled out by **the young person** who will be attending the Summer University with their personal information. Guardians can assist, please ensure each section is completed.

|  |  |  |
| --- | --- | --- |
| ***SECTION ONE – INFORMATION ABOUT YOURSELF (ALL FIELDS MUST BE COMPLETED)*** | | |
| FIRST NAME |  | |
| LAST NAME |  | |
| HOME ADDRESS |  | |
|  | |
| POSTCODE |  | |
| PARTICIPANT MOBILE NUMBER (MUST PROVIDE) |  | |
| PARENT/GUARDIAN EMAIL ADDRESS (MUST PROVIDE) |  | |
| HOME TELEPHONE NUMBER |  | |
| GENDER (please tick box) | * Male * Female * Other | |
| DATE OF BIRTH |  | |
| PLEASE TICK THE BOX WHICH BEST DESCRIBES YOUR ETHNIC BACKGROUND: | | |
| * White - British * White – Irish / Northern 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 * Other Asian background * Chinese * Mixed – White and Black Caribbean * Mixed – White and Black African * Mixed – White and Asian * Other Mixed background * Other Ethnic background * I prefer not to provide this information |
| PLEASE TICK ANY BOX WHICH DESCRIBES ANY ADDITIONAL NEEDS YOU MAY HAVE: All additional needs should be disclosed on this form. This will not prevent you from taking part in the Residential. We need to be aware of individual needs before you arrive in order to make sure that they are met. | | |
| * I don’t have any additional needs * I have a mobility difficulty * I use a wheelchair * I need information about disabled access * I have a visual impairment * I have a hearing impairment * I require adapted accommodation | | * I am dyslexic * I am dyspraxic * I have personal care support * Other – please give details   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| PLEASE PROVIDE A STATEMENT TO SUPPORT YOUR APPLICATION. As places may be limited, we would like to know why you should gain a place on our Summer University.  Tell us what GCSE’s you are currently studying and what interests you have outside of school. Have you thought about future careers and whether you want to go to University? Why do you wish to take part in our Summer University? |
|  |

***Section Two: Parent/Carer Details***

This section is to be filled out by the Parent/Carer of the participant.

|  |  |  |
| --- | --- | --- |
| ***SECTION TWO – TO BE COMPLETED BY PARENT OR CARER (ALL FIELDS MUST BE COMPLETED)*** | | |
| **Contact Telephone Number** Name and daytime telephone number of parent/carer | |  |
| **Parent/Carer Email Address** | |  |
| **Alternative Contact** Name and telephone numbers of another adult if parent/carer unavailable | |  |
| **Special Requirements** Details of any special requirements  (e.g. diets, allergies, access needs, faith requirements) | |  |
| **Further Information** Details of any other information that University staff should be aware | |  |
| **Background** (please tick as appropriate**)**   * The applicant is living apart from family or in care of the local authority * The applicant would be first in the family to go to university | | |
| ***DECLARATION – to be completed and signed by a parent or carer***  The Residential team are responsible for the welfare of your son/daughter while they are attending the event. As parents/carers, you are responsible for their welfare up to the handover point at the beginning of the programme, and again from the handover point at the completion of the event. The team will contact you with details about handover points and travel arrangements.  During the event, photographs/video footage may be taken which we may wish to use as a reminder of activities or for publicity purposes to encourage other young people to take part in similar events.   * I give permission for photographs or videos to be taken during the residential experience and to be used for the purpose of LJMU related material only. * I give permission for LJMU to act as Loci Parentis while the young person is in their care   By signing below I give permission for my son/daughter to attend the LJMU residential and for the information provided in this form to be shared in order to allocate places and monitor applications. | | |
| SIGNATURE |  | |
| PRINT NAME |  | |
| DATE |  | |

**Please can you ensure this section is completed:**

**Data Protection:** The programme aims to help learners from communities under-represented in higher education. With your permission, the Outreach Team at Liverpool John Moores University will use your data to measure the effectiveness of the work we do, and assess the impact of our activities upon your future education choices. Practically, this means that we will store your information on a secure database (the Higher Education Access Tracker). This information will only be used for monitoring and evaluation purposes. Your information will be stored in accordance with the Data Protection Agency and GDPR and held for 10 years. If you have any concerns about the use of this data for these purposes or would like a copy of the data you have supplied please contact [outreach@ljmu.ac.uk](mailto:outreach@ljmu.ac.uk).

**I consent to the use of my information in this form for the purposes described:   Yes   No (please circle)**

***Section Three: School details and permission***

This section is to be filled out by a teacher at the school of the participant. Please ensure each section is completed.

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| --- | --- | --- |
| ***SECTION THREE - INFORMATION ABOUT YOUR SCHOOL OR COLLEGE - to be completed by school*** | | |
| NAME OF SCHOOL/COLLEGE | |  |
| SCHOOL/COLLEGE ADDRESS | |  |
| POSTCODE | |  |
| TELEPHONE NUMBER | |  |
| NAME OF STAFF MEMBER RESPONSIBLE | |  |
| EMAIL ADDRESS | |  |
| ***DECLARATION – to be signed by school/college***  Please tick and sign below:   * I have checked the details on the application form and I confirm they are correct. * I give permission for the student to be absent from school/college during the residential   Please use this space for any additional information about why you recommended the applicant for a place or which would be useful for the event organisers to be aware of. We may rely on your reference as part of the shortlisting process. | | |
| SIGNATURE |  | |
| PRINT NAME |  | |
| DATE |  | |

**OFFICE USE ONLY - TO BE COMPLETED BY LJMU STAFF**

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| --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | |
|  | | | |
| DATE FORM RECEIVED |  | APPLICATION REF |  |
| COMMENTS |  | | |
| OFFERED PLACE |  | AUTHORISED BY |  |