

ASKHAM BRYAN COLLEGE

UK SUMMER SCHOOL COURSE BOOKING FORM

Please return your completed form to:

Student Records, Askham Bryan College, Askham Bryan, York YO23 3FR

Course Title: Start Date:

Full Name:

Correspondence Address:

Postcode:

Daytime Tel No(s): E-mail:

Nationality: DOB

Next of Kin (or who to contact in the event of an emergency):

Name: Relationship:

Tel No: Tel No:

Convictions or Proceedings and Medical Fitness

Do you have any criminal convictions or proceedings pending? Yes No

If you have answered 'Yes' to the question above, please give further details below:-

Please provide details of any health issues the college needs to be aware of below:-

Where did you hear about us:

I confirm that the information provided above is correct and will contact the College if any information changes before or during my course. Please attach details of any previous experience in your chosen subject area.

Applicant Signature: Date:

Signature of parent/guardian: Date:
(if the applicant is under 18):

Askham Bryan College must collect certain information to comply with its legal obligation. To comply with the law, information will be collected and used fairly, stored safely and not disclosed to any other person unlawfully. To do this Askham Bryan College will comply with the Data Protection Principles that are set out in the Data Protection Act (1998).

