

Independent Learning Archaeology Field School (ILAFS) Application Form 2018

SECTION 1 – TO BE COMPLETED BY THE STUDENT – *Please print clearly*

Information about how your personal information will be used by us in connection with the administration of the Field School, and for related purposes, is available at <http://www.undergraduate.study.cam.ac.uk/how-we-use-participant-data>. If you have any questions please contact The Administrator, Access Cambridge Archaeology, Department of Archaeology, University of Cambridge, Pembroke Street, Cambridge, CB2 3QG; Tel: 01223 761519; email: access@arch.acm.ac.uk.

We'd like to keep in touch after this event/activity to invite you to further events/activities, or to provide you with additional information about the University and/or Colleges, and resources relating to applying to Higher Education. Please tick the box below to indicate that you are happy to be contacted (you can change this at any time by getting in touch using the above email address or unsubscribing to emails):

ILAFS Location		Dates	
Surname			
Forename(s)			
Home address			
Post Code			
Home telephone number			
E-mail address			
Date of birth			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> I prefer not to say <input type="checkbox"/>		
Current school/college			
Current school/college year			
Personal statement (please tell us a little about yourself, and then explain why you have decided to come on this course, what you hope to get out of it and how you hope it will be of benefit to you)			
Have you considered what subject you might like to study at University? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what subject(s)? _____			

SECTION 2 – TO BE COMPLETED BY PARENT/CARER/ GUARDIAN

We require that as a parent/carer/guardian you give your consent in order that your child is accepted to participate in the Independent Learning Archaeology Field School and provide certain information to allow course providers and funders to ensure funds are being targeted appropriately. Information about how your child's personal information will be used by us in connection with the administration of this event/activity, and for related purposes, is available at <http://www.undergraduate.study.cam.ac.uk/how-we-use-participant-data>. If you have any questions please contact The Administrator, Access Cambridge Archaeology, Department of Archaeology, University of Cambridge, Pembroke Street, Cambridge, CB2 3QG; Tel: 01223 761519; email: access@arch.acm.ac.uk.

We will only use your own personal information for operational and communications purposes. We will delete it when it is no longer required in connection with the Field School that your child is involved with.

By filling out this form, you confirm that the child who you are providing information about has been supplied with a copy of, or a link to, the above statement and is happy to be contacted by us in connection with the Field School.

Name of adult giving consent for applicant to attend course (in full)	
Relationship to applicant (mother/father, guardian or carer)	
Reliable daytime contact phone number in case of emergency	
Alternative contact phone numbers for you and/or second parent/carer/guardian (e.g. work/mobile)	

Does your child have any of the following special needs? (Please tick Yes or No)

Note: This information will only be used to help us provide the most appropriate service for your child's needs. ACA is keen to encourage young people who may have special educational needs and/or disabilities to consider higher education as an option for them.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| i. Any form of disability or special educational needs (e.g. specific learning difficulties such as dyslexia, dyspraxia and dyscalculia) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii. Medical conditions | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iii. Allergies | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| iv. Special requirements (e.g. diet) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have ticked 'Yes' to any of i-iv above, then please give details below, including any medication and/or special provisions required. **Please also give any other details about your child which may be relevant for their learning experience (e.g. anxiety, in care, behavioural issues):**

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Complete the following information regarding your child's doctor:

Name of Child's Doctor:	Address of Child's Doctor:
Telephone Number of Child's Doctor:	
Date of Child's Last Tetanus Injection:	
In the event of an emergency I give my permission for a qualified member of staff to administer first aid and/or take my child to hospital : Yes <input type="checkbox"/> No <input type="checkbox"/>	

Photo permission: During the ILAFS, photographs and/or video/digital footage of your child participating in activities may be taken. We would hope, in this way, to give your child a reminder of their ILAFS experience. We may also wish to use this material, with no names attached, to encourage other young people to take part in ILAFS (for example, by using it in future printed and web-based publicity or in university prospectuses). **If you are happy for your child's image to be used in this way, please tick the box:**

Have either you or your partner achieved any higher education qualification (e.g. at a university or through a further education college)? (Higher education qualifications include: honours degree, degree, foundation degree, Higher National Diploma (HND), Higher National Certificate (HNC), Diploma of Higher Education). This must be for at least (or equivalent to) 1 year full time.

Yes
No
I prefer not to say

Is this child eligible for free schools meals, or have they been eligible at any point in the last 6 years?

Yes, currently eligible
Yes, but not currently
No
I prefer not to say

Is this child currently, or have they ever been, in the care of a local authority?

Yes
No
I prefer not to say

If yes, please provide more details by selecting one of the statements below which is most relevant to their care experience:

I am currently in the care of a local authority (including in the last 6 months)
I was previously in the care of a local authority (in the last 6 years)
I was previously in the care of a local authority (over 6 years ago)
Other (please provide details) _____
I prefer not to say

Please tick the box that best describes the ethnic background of your child:

- | | |
|---|--|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Other Mixed background |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Other Ethnic background |
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Other Asian background | <input type="checkbox"/> White - Scottish |
| <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Black or Black British – African | <input type="checkbox"/> White - Other |
| <input type="checkbox"/> Other Black background | <input type="checkbox"/> Irish Traveller |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Gypsy or Traveller |
| <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Refugee/ Asylum seeker |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Mixed - White and Asian | |

DECLARATION TO BE SIGNED BY PARENT/CARER

I give my permission for my child to attend the field school

Signature of parent/guardian or carer: _____

Print name: _____

Date signed: _____

SECTION 3 – TO BE COMPLETED BY MEMBER OF STAFF

If filling out multiple forms for many different applicants, give full information about each child and sign, but you only need fill out your full information on one form.

Staff name – (in full)	
Staff e-mail address	
Position in school	
Does the pupil have special needs, a specific learning difficulty or any other needs we should know about? Please also mention if you would like this child placed with/away from anybody or other requirements.	
Does the school receive Pupil premium for this pupil? (If Services Pupil premium please indicate.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this pupil considered gifted and talented ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
All information relevant to the needs of this child has been given in this form and is true.	Signed: <hr/>

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By filling out this form, you confirm that the student(s) who you are providing information about have all been supplied with a copy of, or a link to, the above statement and are happy to be contacted by us in connection with the event/activity.

Thank you. Please return this form to the following address:

**Administrator, Access Cambridge Archaeology,
Division of Biological Anthropology
Department of Archaeology and Anthropology
University of Cambridge
Pembroke Street
Cambridge
CB2 3QG**

Tel: 01223 761519

Email: access@arch.cam.ac.uk