

Please ensure all sections are completed fully, clearly, and in BLOCK CAPITALS

## PERSONAL INFORMATION

Title (*Mr/Ms/Other*)..... 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.....

## COURSE CHOICES

### Week 1: 2-8 July 2023

First choice

Second choice

### Week 2: 9-15 July 2023

First choice

Second choice

### Week 3: 16-22 July 2023

First choice

Second choice

### Week 4: 23-29 July 2023

First choice

Second choice

### Week 5: 30 July-5 August 2023

First choice

Second choice

### Week 6: 6-12 August 2023

First choice

Second choice

### Week 7: 13-19 August 2023

First choice

Second choice

## ACCOMMODATION

Please indicate your accommodation preference by ticking the appropriate box

**Single en suite room**

One single bed; private shower and toilet .....

**Twin en suite room**

Two single beds; private shower and toilet

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

**Double en suite room**

One double bed; private shower and toilet

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

**Standard 'twin set'**

Two single standard rooms, opening into a private sitting room, without private bathroom facilities.

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.*

**Non-residential** (no accommodation)

## DISABILITY

Do you have a disability or long-term medical condition?

**Yes** (*please tick all that apply*)

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**

## DIETARY REQUIREMENTS

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  Food allergy .....

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## EMERGENCY CONTACT

(Someone who will not be travelling with you)

Name.....  
 Relationship.....  
 Telephone (Home)..... (Daytime).....  
 Email.....  
 Address .....

## ETHNIC ORIGIN

Please describe your ethnic origin

- White – British       White – Irish
- Other white background (please specify).....
- Gypsy or Traveller       Arab
- Mixed White and Black (please specify below)
  - Caribbean     African
- Mixed White and Asian
- Other mixed background (please specify) .....
- Black or Black British (please specify below)
  - Caribbean     African
- Other black background (please specify).....
- Asian or Asian British (please specify below)
  - Indian     Pakistani     Bangladeshi
- Chinese
- Other Asian background (please specify) .....
- Any other ethnic background (please specify) .....
- Prefer not to say

## HOW TO SEND YOUR APPLICATION FORM

**By email** to: oxfordexperience@conted.ox.ac.uk  
 or  
**By post** to: The Oxford Experience, OUDCE,  
 1 Wellington Square, OXFORD, OX1 2JA, UK

## MARKETING AND DATA PROTECTION

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

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? .....

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. It will be held securely and not passed on to third parties. For details, see our privacy policy at [www.conted.ox.ac.uk/privacy-policy](http://www.conted.ox.ac.uk/privacy-policy)

Yes – please keep me informed about Oxford Continuing Education courses, events, news, research and student information by email

## DECLARATION

I certify that the information given in this application is complete and accurate to the best of my knowledge. In enrolling on **The Oxford Experience 2023** I accept responsibility for payment of the full fees in accordance with the course web page ([www.conted.ox.ac.uk/oxford-experience](http://www.conted.ox.ac.uk/oxford-experience)) and OUDCE’s “Terms and Conditions for entry in 2022–23 for open access courses no entry requirements” (detailed at [www.conted.ox.ac.uk/about/terms-and-conditions](http://www.conted.ox.ac.uk/about/terms-and-conditions)). I also agree to abide by OUDCE’s “Disciplinary regulations” (detailed at [www.conted.ox.ac.uk/about/policies-and-guidance](http://www.conted.ox.ac.uk/about/policies-and-guidance)).

Subject to English law.

Signature.....

Date.....