

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/statePostal/ZIP code.....

Country

Email.....

Telephone (*Home*)

Telephone (*Daytime*).....

Occupation.....

COURSE CHOICES

Week 1: 30 June-6 July 2024

First choice

Second choice

Week 2: 7-13 July 2024

First choice

Second choice

Week 3: 14-20 July 2024

First choice

Second choice

Week 4: 21-27 July 2024

First choice

Second choice

Week 5: 28 July-3 August 2024

First choice

Second choice

Week 6: 4-10 August 2024

First choice

Second choice

Week 7: 11-17 August 2024

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

Single standard room
One single bed; without private bathroom facilities

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' room
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.....

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

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 2024** I accept responsibility for payment of the full fees in accordance with the course web page (www.conted.ox.ac.uk/oxford-experience) and OUDCE’s “Terms and Conditions for entry in 2023-24 for open access courses no entry requirements” (detailed at 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).

Subject to English law.

Signature.....

Date.....