Summer Scholars Programme 2024
Application Form

PLEASE TYPE OR PRINT LEGIBLY IN INK. BE SURE TO COMPLETE ALL INFORMATION

Student Information

First Name:	Last Name:	Middle Initial:	CTYI Student Number:
Age:	Date of Birth (dd/mm/yyyy):	Gender:	Year in School:

Home Address:		
Home Phone #:	Student Mobile #:	Student Email:

Family Information

Parent/Guardian 1	Parent/Guardian 2
Full Name:	Full Name:
Relationship to Student:	Relationship to Student:
Address (if different to student):	Address (if different to student):
Home Phone #:	Home Phone #:
Mobile Phone #:	Mobile Phone #:
Work Phone #:	Work Phone #:
Email (please PRINT):	Email (Please PRINT):

Who is/are the Custodial Parent(s)?

Please circle:

Parent/Guardian 1	Parent/Guardian 2	Both	Other:

If "Both" please note application must be signed by both parents/guardians (GDPR requiremnent)

For Office Use Only

	Date Received	Paid By	Amount

Course Request

Indicate your chosen courses in order of preference (1 = 1st preference, etc). Your choices may include a number of different courses across both sessions. You may be allocated any one of the prefences you give here, so do not list a course you are not willing to accept if allocated to you. Refunds will not be given where students have been allocated one of their preferences.

COURSES ARE ALLOCATED ON A FIRST COME FIRST SERVED BASIS.

Session 1 24th June - 5th July		Session 2 15th July - 26th July	
	Computer Gaming		Engineering
	Creative Writing		Medicine
	Psychology		

I understand that the course choices made above are my own, and I am willing to accept any preference choices if allocated to me.

Student Initial _____ *Required

Additional Needs Information

Did your child qualify for the CTYI programme based on an assessment carried out by a psychologist?	Yes	No
Has your child been diagnosed with a special need in addition to being high ability? (e.g. ASD, etc.)	Yes	No

If Yes, please give details of their diagnosis:

What strategies are used at school to help your child on a day-to-day basis? (e.g. movement breaks, etc.)

Please outline any further strategies that you feel are helpful in assisting your child to achieve their full potential:

Does your child have an SNA (special needs assistant) assigned to them in school?	Yes	No

The information you provide here is helpful to us in setting up a learning environment that is suited to your child's learning, and the overall needs of the class group. We will do our best to facilitate your child, as best we can. Please note that the information provided here will be treated in the strictest confidence. Only staff members with direct access to your child will have access to this information. In line with the deletion of records at the end of the course recommended by the Data Protection Office, this information will need to be provided at the start of every course that your child attends at CTYI.

Student Consent Form

This statement must be read carefully. It must be signed and dated by the applicant.

I understand and accept that the personal data provided on this form will be used by CTYI for the purposes of processing this application for this course. For information on CTYI's data processing, including your data protection rights, please see our website **dcu.ie/ctyi/ctyi-policies**

I have read the materials describing the 2024 Summer Scholars Programme at Dublin City University.

If accepted, I will follow the guidelines and rules established for all aspects of the Programme. I realise that if I do not, I may be required to leave the Programme, without refund and furthermore, that this may affect my relationship with CTYI in the future.

I understand that this Programme is arranged by the Centre for Talented Youth, Ireland and therefore my relationship is with them, and not with Dublin City University.

Signature of Student   **Date**

Parent/Guardian(s) Consent Form

This statement must be read carefully.
It must be signed and dated by the applicant's parents or legal guardians.

I certify that I have read the materials describing the 2024 Summer Scholars Programme, including the preceding statement signed by my child, and I approve of my child's application for admission.

I consent and agree that the personal data relating to the applicant provided on this form will be used by CTYI for the purposes of processing this application for this course. For information on CTYI's data processing, including your data protection rights, please see our website **dcu.ie/ctyi/ctyi-policies**

I am responsible for any incidental expenses which are not covered by fees. I realise that CTYI reserves the right to ask the student to leave the programme for medical, disciplinary or other reasons. If asked to leave for disciplinary reasons we understand that fees will not be refunded and that the student may not be allowed to attend future CTYI summer programmes.

I give permission for my child to be videotaped, photographed, interviewed, and/or have a sample of their work published. I understand that CTYI will exercise discretion regarding media content and will contact me in advance to give me notification.

I understand that all information conveyed in correspondence with the Programme will be treated sensitively and professionally and that confidentiality is assured.

I am aware that there may be some follow up research (questionnaires, interviews, focus groups etc.), but that I have the option to not participate.

I understand that this Programme is arranged by the Centre for Talented Youth, Ireland and therefore my relationship is with them, and not with Dublin City University.

Signature of Parent or Legal Guardian 1   **Signature of Parent or Legal Guardian 2**   **Date**

If custody is shared please note application must be signed by both parents/guardians (GDPR requirement)
UNSIGNED APPLICATIONS WILL BE RETURNED BY POST

Fee Payment Form

Payment may be made by credit or debit card. Cash is not accepted.
The Application Fee is required with application, this can be found in the course brochure, on Page 2.
Fees may be paid in full, if desired.
Please note an application cannot be accepted without payment of the Application Fee.

Online Card Payment
To pay by card, go to **dcu.ie/ctyi/application-payment** where you will be able to pay through the CTYI Online Payment Portal.

1. From the "Programme" drop down menu, please select "Older Students".

2. From the "Payment Item" drop down menu, please select "Summer Scholars".

3. Please make sure you enter the correct "Amount to Pay" as you will not be able to change it at the next step. Amount should be entered as numbers only, with no € symbol.

4. Once you are happy that your details are correct, click "Pay Now".

5. Make note of your reference number - you will need this for your application form. This will also be emailed to you following payment.

Name of Card Holder:	Amount Paid:	Date of Payment:

Online Reference Number (this is emailed to you after successful payment)**:**

Does this amount include an Access Scheme Donation:	**Yes** ☐	**No** ☐

Cardholder Signature:

CTYI Access
CTYI endeavours to provide financial assistance to students who find it difficult to cover the cost of attending our programmes. If you think you may be able to donate money to this great cause, please tick one of the boxes below. Please make one payment with the total amount including your fees.

€10   €20   €30   €50   €100   €_____other

Closing date for Applications
Friday 26th April 2024

Post applications to:
Summer Scholars Programme
CTY Ireland
Dublin City University
Dublin 9