Summer Scholars Programme 2023 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: | |
| | | | |

Home Address:

| Home Phone #: | Student Mobile #: | Student Email: (You should check this account regularly) |
|---------------|-------------------|---|
| | | |

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 (quardians (GDPP requirempent) | | | | |

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 and/or a number of different sessions.

COURSES ARE ALLOCATED ON A FIRST COME FIRST SERVED BASIS.

| Session 1 26th June - 7th July | <mark>Session 2</mark> 17th July - 28th July | |
|-----------------------------------|---|--|
| Mechanical Engineering | Criminology | |
| Neuroscience | Medicine | |

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

Student Initial _____ *Required

Special Educational Needs

| Do you have any special educational needs? (This will not affect your application) | Yes | No | |
|--|-----|----|--|
| If yes, please provide some details: | | | |

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 2023 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 2023 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.

If custody is shared please note application must be signed by both parents/guardians (GDPR requirement)

Fee Payment Form

Payment may be made by credit or debit card. Cash is not accepted. **The initial fee is required with application. Fees may be paid in full, if desired.**

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 Programme".
- 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.

PLEASE NOTE: An online payment does not constitute an application on its own, and does not guarantee a place on any programme. You MUST complete and return your application form

| 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: | 1 | 1 | |
| | | | |

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 28th April 2023

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