

PLEASE WRITE CLEARLY AND USE BLACK INK, BLOCK CAPITALS AND TICK BOXES AS APPROPRIATE.

PERSONAL DETAILS

1. First name

2. Surname/Family name

3. Gender (✓)

Male
 Female

4. Date of birth

/ /
 Day Month Year

5. Home address

Postcode

6. Telephone Number

7. Email Address

8. Which ethnic group do you belong to? (✓) (We require this information for equal opportunities purposes only.)

Asian or Asian British

Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Asian – Other (please specify below)	<input type="checkbox"/>

Black or Black British

African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Black – Other (please specify below)	<input type="checkbox"/>

White

White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
White – Other (please specify below)	<input type="checkbox"/>

Mixed

White and Asian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
Mixed – Other (please specify below)	<input type="checkbox"/>

Other

Other ethnic group (please specify below)	<input type="checkbox"/>
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9. Do you have a disability (✓) Yes No

10. If yes, what is your disability?

We encourage applications from students with disabilities and require this information for equal opportunities purposes only. The Disability Discrimination Act 1995 defines disability as 'a physical, sensory or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities'. This definition includes a wide range of sensory impairments, mental illnesses and learning difficulties, as well as medical conditions that are likely to last 12 months or longer, or are likely to recur.

ABOUT YOU

11. What is your level of Polish? (✓) Beginner Intermediate Advanced (Near) Native

12. Are you planning to take AS/A levels or equivalent in Polish and/or other foreign languages? (✓) Yes No

13. Have you been attending a supplementary/Saturday school? (✓) Yes No

14. If yes, which one (give name and address)?

Please answer the following questions:

15. Kurs Polish GCSE to pomoc w przygotowaniu do egzaminu z polskiego. Dlaczego? (Odpowiedz po polsku, max. 100 wyrazów).

16. What are your favourite subjects and why? (Answer in English in 50 words maximum.)

17. What are your ambitions for the future? (Answer in English in 50 words maximum.)

Please ask your parent/guardian to complete and sign the parental/guardian consent form. Please give your completed application and parental consent form to your teacher. Your teacher will then complete their section and send the form to UCL on your behalf.

PARENTAL/GUARDIAN CONSENT

18. Name of student

19. Name of parent/guardian

20. Relationship to applicant (✓)

Mother

Father

Guardian

Carer

21. Your occupation

22. Your partner's occupation (if applicable)

23. Have you or your partner been to university? (✓)

You

Partner

24. If yes, which university and what did you study?

You

Partner

DATA PROTECTION

The UK Data Protection Act (1998) requires us to obtain your explicit consent to process and retain your child's data.

Information about parent/guardian occupation and educational background may be used for the purposes of selection and for monitoring the backgrounds from which applicants apply.

At no time will your or your child's personal information be passed to other organisations.

Declaration to be signed by a parent/carers

- I have completed the form with the information to the best of my knowledge.
- I consent to the use of personal data as described above.
- I am the applicant's legal guardian.
- I give permission for my son/daughter to travel independently to UCL to participate in the GCSE Polish immersion course.
- I enclose the deposit (a cheque for £30 to be made out to UCL) to reserve a place. I understand that if my son/daughter is offered a place but fails to attend, the deposit will not be refunded.

On Friday 16 April I would like to attend (✓)

Meeting with the Chief Examiner from 4.15pm to 5pm.

Certificate ceremony from 5pm to 7pm.

Signature

Date

Please ask your son/daughter to hand their application and the parental consent form to their teacher.

TEACHER'S REFERENCE

25. Name of student

26. Name of school

27. School address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode
Telephone number	
Email address	

28. Local authority

29. If necessary, please give details of any other factors which may affect the student's likelihood of progressing to Higher Education

On Friday 16 April I would like to attend (✓)

Meeting with the Chief Examiner from 4.15pm to 5pm.

Certificate ceremony from 5pm to 7pm.

Declaration to be signed by a teacher

I have checked the details on the application form. I confirm they are correct and I support this application.

Name of teacher

Job title

Signature

Date