

Student Registration Details

First Name: _____ Family Name: _____
 Gender: Male/ Female (delete as appropriate) _____ Date of birth: _____
 Nationality: _____ Native Language: _____
 Other Languages Spoken: _____ Passport Number: _____

(Please enclose a copy of your passport with your application)

Contact Information

Title (Mr/Mrs/Dr etc.): _____ First Name: _____ Family Name: _____
 Relationship to Student (Mother/Father etc.): _____
 House Name/Number: _____ Street Name: _____
 Town/City _____ Country _____ Postcode: _____
 Preferred Phone Number (including country code): _____ Daytime/Evening (delete as appropriate) _____
 E-mail Address: _____
 How did you hear about us?: _____

Course Costs

| Summer Programme | No. of Weeks | Start Date | End Date | Cost | ✓ | Course (delete as appropriate) |
|--|--------------|------------|----------|-----------|---|--------------------------------|
| Medical or Oxbridge Preparation | 2 Weeks | 20.07.20 | 03.08.20 | £3,840.00 | | Medical or Oxbridge? |
| Engineering or Law Preparation | 2 Weeks | 03.08.20 | 17.08.20 | £3,840.00 | | Engineering or Law? |
| Medical or Oxbridge with one week of Academic | 3 Weeks | 20.07.20 | 10.08.20 | £4,740.00 | | Medical or Oxbridge? |
| Medical or Oxbridge with two weeks of Academic | 4 Weeks | 20.07.20 | 17.08.20 | £5,400.00 | | Medical or Oxbridge? |
| Two weeks of Academic with Engineering or Law | 4 Weeks | 20.07.20 | 17.08.20 | £5,400.00 | | Engineering or Law? |
| Academic | 2 Weeks | 20.07.20 | 03.08.20 | £3,000.00 | | |
| | 2 Weeks | 03.08.20 | 03.08.20 | £3,000.00 | | |
| | 3 Weeks | 20.07.20 | 10.08.20 | £4,020.00 | | |
| | 4 Weeks | 20.07.20 | 17.08.20 | £4,920.00 | | |

Airport Dates -
 Arrival - Monday 20th July 2020 or Monday 3rd August 2020

Airport Dates -
 Departure - Monday 3rd August, Monday 10th August or Monday 17th August 2020

Payment Policy

An initial payment of £800 must be made at time of booking (non-refundable). Remaining balance must be received no later than 31st May, 2019. Bookings made after 1st June must be paid in full at time of booking.

I have read and I agree to the Terms and Conditions of Cardiff Sixth Form College

Signed by Student:
 Date:

Signed by Guardian

Office Use Only:
 Initial Payment Fee

Date Received:

Application Form Part 2

Payment Information & Details

Name of Signatory:

Address:

Telephone:

Mobile Tel:

Payments are to be sent to:

Bank Address: HSBC, 60 Queen Victoria Street, London, EC4N 4TR **Account Name:** CSFC LTD

Account Number: 80437581

Sort Code: 40-11-60

Iban Number: GB79HBUK40116080437581

BIC:HBUKGB4B

Health Details

To ensure the College is able to provide for any additional support that you may need please indicate below any special/health needs that are relevant to the applicant:

| | | | |
|--------------------------|----------------------|--------------------------|---|
| <input type="checkbox"/> | Visual Impairment | <input type="checkbox"/> | Unseen disability (i.e. asthma/epilepsy/diabetes) |
| <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> | Emotional/Behavioural Difficulties |
| <input type="checkbox"/> | Mental Health Issues | <input type="checkbox"/> | Severe Learning Difficulties |
| <input type="checkbox"/> | Dyslexia | <input type="checkbox"/> | Other Specific Learning Difficulties |

Any other issues that you wish the College to be aware of:

The information you have provided will be treated in the strictest confidence.

Accidental & Medical Insurance

It is your responsibility to ensure you have the appropriate travel and medical insurance

Form Indemnity

This indemnity agreement is to be signed by the student and if the student is under the age of eighteen years, by the parent/legal guardian as well. Until this indemnity has been signed and returned to the College, the student may not take part in any trips organised by CSFC. In the event of the Principal of CSFC arranging or authorising CSFC staff to take me/my son/my daughter on a trip outside the premises of CSFC I hereby undertake to indemnify the Principal/Head Teacher/Director and such members of staff against:

- A) Any claims, damages, or costs which they or any of them may be or become liable to pay in consequences of any injury or damage to or illness of me/my said son/daughter occurring during or as a result of any of the said trips
- B) Any claims by any third party which may be made against them or any of them in consequence of any act or default of me/my said son/daughter during or as a result of any of the said trips
- C) Any other costs and expenses reasonably incurred by them or any of them on behalf of me/my said son/daughter during or as a result of any of the said trips

Provided that the indemnity herein shall not extend to any claims, damages, costs or expenses in respect of and to the extent to which CSFC and member (s) of staff or any of them shall be entitled to be indemnified under any policy of insurance.

Signed:

Print Name:

Parent Signed (if applicable):

Parent Name (if applicable):

Cancellations

Cancellations made within one month of receiving the first instalment but prior to 1st June 2019 will be subject to a full refund of payments made.

Cancellations made after 1 month of receiving the first instalment but prior to 1st June 2019 will be subject to a 50% refund of payments made.

The initial payment of £800.00 is non-refundable. Cancellations made after 1st June 2019 are non-refundable.

Signed by student:

Signed by Parent (if applicable):

Date: