



## Peninsula Dental School Residential Summer School 2023

### Application Form

#### Part 1 - Young Person Information

Applicant Name:	
Date of Birth:	
Gender:	
Home Address:	
Postcode:	
Name of School/College:	
Year Group:	
E-Mail Address:	
Mobile Number:	
Home Number:	
Parent/Carer telephone number:	
Parent /Carer e-mail address:	

Are you in, or been in local authority care?	Yes/No/Don't know/Prefer not to say
Are you an asylum seeker or refugee?	Yes/No/Don't know/Prefer not to say
Are you estranged from both parents or guardians (living without family support)?	Yes/No/Don't know/Prefer not to say
Are you a young carer?	Yes/No/Don't know/Prefer not to say
Has either of your parents got a university degree from either the UK or abroad?	Yes/No/Don't know/Prefer not to say
Are you in receipt of or eligible for free school meals or the 16-19 Bursary Fund or Discretionary Learner Support or Means Tested Benefit or Pupil Premium?	Yes/No/Don't know/Prefer not to say
Do you consider yourself to have a disability?	Yes/No

**Ethnicity:**

- Asian / Asian British
  - Bangladeshi
  - Indian
  - Pakistani
  - Any Other Asian background
- Black / African /Caribbean / Black British
  - Black or Black British - African
  - Black or Black British - Caribbean
  - Any other Black /African / Caribbean background
- Chinese
  - Chinese
- Mixed/Multiple ethnic
  - White and Asian
  - White and Black Caribbean
  - White and Black African
  - Other mixed / multiple ethnic background
- White
  - English/Welsh/Scottish/Northern Irish/British
  - Irish
  - Any other white background
- Any other Ethnic Group
  - Arab
  - Gypsy or Traveller
  - Irish Traveller
  - Other ethnic background
- Not stated
  -

What do you want to achieve from attending the DSC Summer School? (150 word limit)

**Student Declaration:**

- The information provided is true and correct. I understand that in providing incorrect information any offer of a place of a summer school can be revoked.
- I am happy for this data to be shared with the teacher who will provide further information.

**Signature:**

**Date:**

**Part 2 – Teacher Information**

Teacher Name:	
Teacher Role:	

School/College Address, Postcode:	
Telephone number:	
E-mail address:	

The average A-level requirement to study medicine is three A's (which normally include two sciences) however, there are adjusted offers from BBC. Please tick to confirm that you believe the student has the potential to achieve the academic qualifications necessary for medicine.	
Please tick to confirm that to your knowledge the information provided by the student is correct.	
Please tick to confirm that you believe the student will benefit from the summer school.	

**Teacher Declaration:**

- I have checked the details on the application form (part 1) and confirm they are correct.
- I am recommending this student because they meet the criteria for a place and would benefit from participating.

**Signature:**

**Date:**

### Part 3 – Parent/Guardian Consent

<p>Parent/Guardian Consent</p> <ul style="list-style-type: none"> <li>• I give permission for my child to participate in the activities and events associated with Peninsula Dental School, Residential Summer School.</li> <li>• I confirm to the best of my knowledge the information recorded above is correct.</li> </ul> <p>Name:</p> <p>Relationship to applicant:</p> <p>Signature:</p> <p>Date:</p>
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Contact telephone number:

**Once completed, please return the form to:**

[Meddent-outreach@plymouth.ac.uk](mailto:Meddent-outreach@plymouth.ac.uk)

**Or by post to:**

Julie Monk, Widening Participation Officer, The John Bull Building, Plymouth Science  
Park, Derriford, Plymouth, PL6 8BU

**The closing date for applications Friday 26<sup>th</sup> May 2023**