**EXPLORING CAREERS AT MOUNTBATTEN**

**MOUNTBATTEN SUMMER SCHOOL 2023 APPLICATION FORM**

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| **Filling out this form**Please complete the form and return to Mountbatten via the email address above. Alternatively, if required this form can be printed and completed using BLACK PEN and BLOCK CAPITALS and posted to the above address marked for the attention of Hannah Raymond, Education Department. **Closing Date for applications: 30th March 2023**(If you have any questions, please contact us using the above details) |
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| **ABOUT YOU** |

This form is to help us get an understanding of your interests so we can ensure that you receive an experience that is right for you.

# Section 1: Personal Information

|  |  |
| --- | --- |
| Students Full Name  |  |

|  |  |
| --- | --- |
| Students Date of Birth  |  |

|  |  |
| --- | --- |
| Students Contact Telephone Number  |  |

|  |  |
| --- | --- |
| Student Contact email  |  |

**Section 2: Education Information**

|  |  |
| --- | --- |
| Name of School/College |  |

|  |  |
| --- | --- |
| Name of Tutor  |  |

|  |  |
| --- | --- |
| Telephone Number of school/tutor |  |

|  |  |
| --- | --- |
| Email address of school/tutor |  |

# Section 3: Health and Welfare

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| **1. Do you have any allergies?** |
| **Yes** |  | **No** |  |

**If yes, please provide details below:**

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| **2. Do you consider yourself to have a disability or a physical or mental health need that we need to be aware of to support you to undertake this training programme?** |
| **Yes** |  | **No** |  |

**If yes, please provide details below including what assistance would be helpful:**

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# Section 4: Further details

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| **Personal statement (maximum 250 words)** (*please use separate sheet if necessary***)**Please explain why you would like a place at the Mountbatten Summer School. |
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| Do you have any particular area(s) of interest? For example, nursing, medical, therapy, social work, fundraising, communications. If so, please state your interests below. |
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| **I would like to apply for a place at Mountbatten Summer School:** |
| **18th, 19th and 20th July 2023** |  |

|  |  |
| --- | --- |
| **Signature of Applicant** |  |

# Section 5: Support for application

**TO BE COMPLETED BY PARENT/GUARDIAN AND TEACHING STAFF SUPPORTING THIS APPLICATION**

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| We confirm that the above-named student is motivated and able to attend the Summer School at Mountbatten. We hereby confirm that we do not know of any reason why their application should not be supported for this experience. |
| **Name of parent/guardian:****Telephone** **Signature:****Date:** | **Name of teacher:****Signature:****Date:** |
| **Emergency Contact Details****Name:** **Relationship to student:****Contact telephone number:** |

**Mountbatten take the privacy of your information very seriously, please read our Privacy Policy to find out more, you can find this on our Website.**