APPLICATION FORM – PART I: PERSONAL

**PERSONAL DETAILS**

Title:

First Name(s):

Surname:

Age at 8th July 2019 (students must be 16 or over to attend):

Full Address (inc. postcode):

Home Telephone Number:

Mobile Number:

**MEDICAL INFORMATION**

Please disclose information on any disability or medical condition that may affect your participation in the Summer School, so that we may make reasonable adjustments:

**EMERGENCY CONTACT DETAILS**

Name:

Relationship to you:

Telephone Number:

**PHOTOGRAPHS**

I give permission for my photograph to be used in Summer School publicity (individuals will not be named). Please delete as appropriate:

YES / NO

APPLICATION FORM – PART II: ACADEMIC INFORMATION

**COURSE SELECTION**

Please indicate (‘x’) which language you would like to study and which level you think would be best for you. These are only preliminary choices and can be altered at the school itself.

**Language**

|  |  |
| --- | --- |
|  | GREEK |
|  | LATIN |

**Level**

|  |  |
| --- | --- |
|  | BEGINNER |
|  | INTERMEDIATE |
|  | ADVANCED |

**ACADEMIC BACKGROUND**

Please indicate (‘x’) your academic background and experience below:

|  |  |
| --- | --- |
|  | SCHOOL LEAVER |
|  | UNDERGRADUATE STUDENT |
|  | POSTGRADUATE STUDENT |
|  | POST-DOCTORAL  |
|  | OTHER |

**ALL APPLICANTS** – Please include details of your qualifications and/or experience:

**EXTRA-CURRICULAR SESSIONS**

During the Summer School, there will be options for students to attend different taster sessions and breakout sessions (please note that these are subject to sufficient interest and may change while the school is in session). Please number the sessions below in order of preference: 1 = most favoured option, 7 = least favoured option.

|  |  |
| --- | --- |
| Classical Reception Session |  |
| Classics and Gaming Session |  |
| Hebrew Language Session |  |
| Hieroglyphics Session |  |
| Koine Greek Reading Group |  |
| Sanskrit Language Session |  |
| Sumerian Language Session |  |
| Trip to the National Galleries of Scotland |  |
| Trip to the National Museum of Scotland |  |

APPLICATION FORM – PART III: SUMMER SCHOOL SIGN-UP

**FEES**

Please indicate (‘x’) which option you would like to sign up for. Please note that afternoon taster sessions and access to evening lectures are included in the base cost:

|  |  |
| --- | --- |
|  | SUMMER SCHOOL **CLASSES ONLY** (£220.00) |
|  | SUMMER SCHOOL **WITH LUNCH AND REFRESHMENT INCLUDED** (£270.00) |

**PAYMENT OPTIONS**

Payment may be processed either by Bank Transfer or by Cheque. Please indicate (‘x’) which option you are using:

|  |  |
| --- | --- |
|  | **BANK TRANSFER**: Bank of Scotland Account Number: 00984976 Sort Code: 80-02-24 |
|  | **CHEQUE** (payable to ‘The Classical Association of Scotland’). Please post to: Dr Mirko Canevaro CAS Treasurer, University of EdinburghRoom 2.33, William Robertson Wing, Medical School, Teviot PlaceEdinburgh, EH8 9AG |

**DIETARY REQUIREMENTS**

If you selected to include lunch and refreshments, please indicate if you have any of the following dietary requirements:

|  |  |
| --- | --- |
|  | VEGETARIAN (WITH FISH) |
|  | VEGETARIAN (NO FISH) |
|  | VEGAN |
|  | GLUTEN-FREE |

Please indicate (‘x’) if you have allergies to any of the following:

|  |  |
| --- | --- |
|  | CELERY |
|  | CEREALS CONTAINING GLUTEN |
|  | CRUSTACEANS |
|  | EGGS |
|  | FISH |
|  | LUPIN |
|  | MILK |
|  | MOLLUSCS |
|  | MUSTARD |
|  | NUTS |
|  | PEANUTS |
|  | SESAME SEEDS |
|  | SOYA |
|  | SULPHUR DIOXIDES (ALSO KNOWN AS SULPHITES) |

APPLICATION FORM – PART IV: BURSARIES

**BURSARY APPLICATION**

The Classical Association of Scotland is in the process of applying to several national funding bodies for a small number of bursaries/part-bursaries to assist people attending the summer school. These are primarily targeted at current students and schoolteachers, but we will consider all cases. Note that while we would like to be able to support everyone attending, the competitive nature of this funding means that we will only be able to offer funds to a minority. We will inform you, if you have been successful.

Please outline in the space below your motivation for attending the summer school in the box below:

Please explain in the box below how the bursary would help you to attend the summer school:

WE LOOK FORWARD TO WELCOMING YOU IN EDINBURGH!

PRIVACY STATEMENT

Your details will be kept safe and secure and only used by us or those who work for us. They will not be shared with anyone else. We may use information you provide to decide what communications will be of interest to you. We also use this information to run our operations, e.g. if you sign up to one of our courses, we need to use your details to process and administer this.

**YOUR CONTACT PREFERENCES**

As someone with an interest in ancient languages we would like to keep you up to date with the latest news about our work, events and courses.

Please tell us how you would like to hear from us:

|  |  |  |
| --- | --- | --- |
| Method | **Yes**, please contact me | **No Thanks**, do not contact me |
| Phone |  |  |
| Text  |  |  |
| Email |  |  |

PLEASE RETURN YOUR COMPLETED FORM TO THE SCHOOL ORGANISERS AT:

CASSUMMERSCHOOL@MAIL.COM

OR BY MAIL TO:

Dr Alex Imrie

School of History, Classics and Archaeology

University of Edinburgh

William Robertson Wing

Dr Elsie Inglis Quadrangle (Old Medical School)

Teviot Place, Edinburgh

EH8 9AG