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| **Q1.** Why would you like to attend Lincoln Art Summer School? |
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| **Q2.** What are you hoping to get from the experience? |
|  |
| **Q3.** Tell us in one sentence why you are interested in trying something new and pushing the boundaries of what you think is art? |
|  |

**IMPOSSIBLE CITY**

**Application form**

|  |  |
| --- | --- |
| **NAME OF STUDENT** |  |
| **DATE OF BIRTH** |  |
| **YEAR GROUP** |  |
| **ART TEACHERS NAME** |  |
| **SCHOOL ATTENDED** |  |
|  | |
| **STUDENT HOME ADDRESS**  **HOME TELEPHONE** |  |
| **STUDENT EMAIL ADRESS**  **MOBILE NUMBER** |  |
| **PARENT/CARER CONTACT NAME**  **TELEPHONE NUMBER** |  |
|  | |
| **ANY ADDITIONAL REQUIREMENTS?**  **(including access needs)** |  |
| **ANY ALLERGIES OR MEDICAL CONDITIONS?** |  |
|  | |
| **HOW WILL YOU TRAVEL TO THE COLLECTION?** |  |
| **DO YOU NEED SUPPORT WITH TRAVEL SUBSIDY?** |  |
| **ANY OTHER COMMENTS?** |  |
|  | |
| **PHOTOGRAPHY & RECORDING CONSENT** | I consent to the named participant being recorded/photographed at Lincoln Art Summer School. I understand that the recordings/photographs and this consent form may constitute personal data under General Data Protection Regulation and I consent that they may be kept indefinitely by The Collection, University of Lincoln and Lincolnshire One Venues and that the recordings may be distributed to third parties, i.e. other events or future students.  **PRINT NAME:**  **SIGNED: DATE:** |
|  | |

Please email this form to [LSherwood@lincoln.ac.uk](mailto:LSherwood@lincoln.ac.uk)

**Please return it by Sunday 1st July 2018**