

Dylan Thomas Summer School 2023 Application Form

Title Mr / Miss / Other								
Surname / Family Name								
Forenames / Given Names								
Date of Birth (DD/MM/YYYY)								
Gender (Please tick)	MALE		FEMALE		NON-BINARY		OTHER	
Nationality								
Country of Birth								
First Language								
Passport Number	Passport Expiry Date (DD/MM/YYY)			e				
Permanent / Home Country Address								
County/State								
Post/7ip Code								

Country

Email

Home Telephone Number

Mobile/Cell Phone Number

Tuition Fee:

The fee is £2,450 which includes en-suite accommodation, meals, airport pick up & return and all excursions. Please note a small number of meals while travelling offcampus may not be included in the fee. Once your application has been received you will be emailed a link to process your booking payment.

If you have any Dietary Requirements please indicate below

Do you wish to take this programme for credit (Please tick)?		NO	
Do you have any current or previous criminal convictions?	YES	NO	

If you have answered YES, you will be asked to provide details of the conviction and the nature of the offence on a separate form



SECTION B: DISABILITIES	Do you have a disability?	YES		NO				
	(If yes, tick all that apply)							
	Blind or partially sighted	Deaf or hearing impairment	quire pers sistant	uire personal care				
	Mental health difficulty	Wheelchair user or impaired mobility		Autistic spectrum disorder (ASD)				
	Asperger's syndrome	Unseen disability (e.g. diabetes or epilepsy)	(dysle			ific learning difficulties exia, dyspraxia, ADHD combination of these)		
	Multiple disabilities (please specify)							
	Medical condition (please specify)							
	Please describe the implications of any disabilities or additional need and/or support required. This information will be shared with Student Services so that an assessment can be made of any reasonable adjustments required to allow you to reach your full potential.							

SECTION C		Please provide a short statement of previous creative writing experience/academic information
	SECTION C	

The University is a controller in terms of the 1998 Data Protection legislation. The data requested in this application form is covered by the notification provided by the University under the Data Protection Act. The data will not be passed to any third party without your consent, except where the University is required by law to do so.

By signing this declaration, I confirm that the information provided on this application form is true, complete and accurate.

By typing your name here, you are signing this form electronically.

Signature of Applicant

SECTION D: DECLARATION

You may submit your form electronically by emailing to dominic.williams@uwtsd.ac.uk

Date

N E: JIST	Please ensure that you attach the following:	
ECKLI	ONE COMPLETED APPLICATION FORM WITH SIGNED AND DATED DECLARATION	
SEC CHI	A PHOTOGRAPH OF YOUR PASSPORT	