# summerLab A4 HEADER for william

**DPU summerLab – 2019 series**

**GROUP APPLICATION FORM (five people or more)**

(please complete this form in BLOCK CAPITALS)

Please submit this form via e-mail to dpusummerlab@ucl.ac.uk, along with a brief cover letter to outline the motivation of the group that you are representing, **by Monday 15 July 2019** **– or by Monday 17 June 2019 to benefit of the early-bird discounted rate.** It is not a requirement for the group members to submit individual motivation letters, CVs or design portfolios, but if they wish to introduce themselves to us then we are happy to receive this information in a separate .zip file. Please attach these to the email and ensure that each participants’ info is in PDF format and does not exceed 10MB in size.

Once accepted to the DPUsummerLab programme, we will contact you with further logistic details and share a link to the online fee payment form. To guarantee your place, the total payment must be made within a week from reception of the acceptance letter. Should the workshop not be activated for any reason, this payment will be fully refunded – please see further details below, Applicant’s Signature section.

**Fees**

The fee for groups of minimum 5 or more participants is reduced to £300 (early-bird rate) or £350 each. Should you have any queries, please do not hesitate to contact us at dpusummerlab@ucl.ac.uk. Please note these fees do not include travel or accommodation, though advice and local information will be provided. Participants are responsible for obtaining any visa they might require, to which the DPU can provide proof of workshop registration if needed.

1. Name of University/Organisation: 2. Number of students taking part:

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3. Participants’ details (please expand table as necessary):

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| --- | --- | --- | --- | --- |
| **First Name** | **Family Name** | **Title:** | **Date Of Birth** | **Nationality** |
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4. Name of the group representative and address for correspondence to the group:

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5. Telephone number (day-time) as group contact:

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6. Email as group contact:

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7. Insurance:

Each participant will need to have their own medical / travel insurance to cover them for the full duration of the DPUsummerLab workshop. Please give proof of this here if available now, (attach a separate document or photocopy if needed) or arrange to purchase insurance before the DPU summerLab will start. Participants will not be allowed to take part without proof of insurance.

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11. Signature on behalf of the group:

The DPU reserves the right to amend in any way the facilities or activities for which participants have enrolled. Participants shall have no claim against the DPU in respect to any alteration made to the DPU summerLab programme. Should an applicant not pay the full fee by the payment deadline stated above, the DPU reserves the right to remove the applicant from the workshop. If the applicant has paid the deposit and should withdraw for any reason after the full payment deadline, the DPU reserves the right to retain 10% of the total to cover administration cost. The DPU reserves the right to retain up to 50% of the total if the withdrawal occurs in the last 14 days prior to the beginning of the workshop. If the number of desired paid participants for any DPU summerLab workshop is not met, the DPU reserves the right to cancel that workshop. Only in this instance will participants receive a full refund (paid participants will also be given the option to choose a place on another workshop). Please note DPU will not refund travel and accommodation expenses, therefore participants are strongly advised against purchasing travel tickets and booking accommodation prior to receiving an email from the DPU summerLab team, confirming the activation of the workshop. This email will be sent out after the general application deadline stated above.

Data Protection Act 1998: I agree to DPU processing personal data contained on this form or any other data which DPU may obtain from me or other people or organisations whilst I am applying for admission. I agree to the processing of such data for any purpose connected with my studies or my health and safety whilst on DPU premises or for any legitimate purpose.

To the best of my knowledge the information on this application is accurate and complete. Please sign and date that you have read and understood all of the above conditions:

Signed: Date: