# summerLab A4 HEADER for william

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**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](mailto:dpusummerlab@ucl.ac.uk), along with a brief cover letter to outline the motivation of the group that you are representing by **Monday 4 July 2016.** It is not a requirement for the group members to submit a motivation letter, CV or design portfolio, 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 5MB in size.

Once accepted to the DPUSummerLab, we will contact you with further logistics details and a link to the online payment form for the fee. To guarantee your place, the total payment for all workshops must be made by **Monday** **11 July 2016.**

**Fees**

The fee for groups of minimum 5 or more participants is reduced to £300 each. Should you have any queries, please do not hesitate to contact us at [dpusummerlab@ucl.ac.uk](mailto:dpusummerlab@ucl.ac.uk). Please note that the fee does 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. I wish to apply for the following **DPU** summerLab 2015 workshops on behalf of the participants listed below

*(Please tick the appropriate destination and continue on the next page)*:

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**San Juan** Reactivating Disperse Urbanisms**29 August - 3 September 2016**

**Beirut** Riverside Ecologies and Contested Waterscapes **5 - 10 September 2016**

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**Palermo** Emergent Migrant Topographies **5 - 10 September 2016**

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**Ljubljana** Disputing Empty Landscapes **12 - 16 September 2016**

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**Barcelona** Conflicting Diversities **19 - 23 September 2016**

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**London** Heritage in Transformation **19 – 23 September 2016**

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1. Name of University/Organisation: 3. Number of students taking part:

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

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

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

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| --- |
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9. Email as group contact:

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10. 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. 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. 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 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). If the full fee is not paid by the payment deadline stated above, the DPU reserves the right to remove the participant from the workshop.

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: