

# INSPIRING OXFORD 2026

## ENROLMENT FORM



Please use **BLOCK CAPITALS**. Completed forms should be sent to the Inspiring Oxford Summer School team by:

**Email:** [inspiringoxford@conted.ox.ac.uk](mailto:inspiringoxford@conted.ox.ac.uk)

**Post:** Inspiring Oxford,  
Oxford Lifelong Learning,  
University of Oxford Department for Continuing Education,  
Rewley House  
1 Wellington Square, Oxford, OX1 2JA, UK

### PERSONAL INFORMATION

Title (e.g., Mr/Ms/Dr/Other) ..... Gender .....

First name(s) as shown on passport  
.....  
.....

Last name (as shown on passport)  
.....

Preferred name for name badge (*one first name & one last only*)  
.....

Date of birth: Day..... Month..... Year.....

Nationality (as shown on passport) .....

Street address .....

Town.....

Region/state.....

Postal/ZIP code.....

Country .....

Email .....

Telephone (*home*) .....

Telephone (*daytime*) .....

Occupation .....

### EMERGENCY CONTACT

(Someone who will **not** be travelling with you)

Name .....

Relationship .....

Telephone (*home*) ..... (*daytime*) .....

Email .....

Address .....

### ACCOMMODATION

Please indicate your accommodation preference by ticking the appropriate box.

**Single en suite room**

*One single bed; private shower and toilet*

**Single standard room**

*Bathrooms shared between, on average, four participants*

**Twin en suite two single beds; private shower and toilet**

*Sharing with (please state name)*  
.....

**Non-Residential option**

Do you **need** a ground- or first-floor room?  Yes  No

*We will endeavour to meet as many accommodation requests as possible but these cannot be guaranteed.*

*Please note that first-floor rooms are typically located up two flights of stairs.*

### COURSE CHOICES

**Week 1: 5 - 11 July 2026** First choice .....

Second choice .....

**Week 2: 12 - 18 July 2026** First choice .....

Second choice .....

**Week 3: 19 - 25 Jul 2026**

First choice .....

Second choice .....

**Week 4: 26 Jul - 1 Aug 2026**

First choice .....

Second choice .....

**Week 5: 2 - 8 Aug 2026**

First choice .....

Second choice .....

**Week 6: 9 - 15 Aug 2026** First choice .....

Second choice .....

## DISABILITY

Do you have a disability or long-term medical condition?

Yes (please tick all that apply below)

A specific learning disability such as dyslexia, dyspraxia or AD(H)D

General learning disability (such as Down's syndrome)

A social/communication impairment such as an autism spectrum condition or disorder

A long-standing illness or health condition such as cancer, HIV, diabetes, epilepsy, chronic fatigue syndrome, etc

A mental health condition such as depression, anxiety, bipolar disorder, etc

A physical impairment or mobility issues

Deaf or serious hearing impairment

Blind or serious visual impairment uncorrected by glasses (please specify)

A disability, impairment or medical condition not included above (please specify) .....

No known disability     Prefer not to say

Please describe any special need/support required to assist you with your study (e.g., disabled access, hearing loop.)

.....  
.....

Information collected on this form will be held in accordance with the provisions of the General Data Protection Regulations (GDPR) for the purposes of processing your application and for student administration. It will be held securely and not passed on to third parties. For details, see our privacy policy at [www.lifelong-learning.ox.ac.uk/about/privacy-policy](http://www.lifelong-learning.ox.ac.uk/about/privacy-policy)

Yes – please keep me informed about Oxford Lifelong Learning courses, events, news, research and student information by email

## ETHNIC ORIGIN AND RELIGION

**How would you describe your ethnic origin?**

Please tick one box

- Arab
- Asian
  - Indian     Pakistani     Bangladeshi
  - Other Asian background
- Black
  - African     Caribbean     Other Black background
- Chinese
- Gypsy or Traveller
- Mixed or multiple ethnic groups
- White
- Other ethnic background
- Prefer not to say

## HOW DID YOU HEAR ABOUT THE COURSE?

Select one option only

I am a past participant in this summer programme I last attended in ..... (year)

Internet search

Which search terms did you use?

.....

Link from another website

Which? .....

Advert or listing; blog or article; social media

Which and where?

.....

Personal recommendation

From whom? .....

## DIETARY REQUIREMENTS

The following special diets are available on advance request.

Vegan             Vegetarian             No fish

Fish-eating vegetarian             No shellfish

Gluten-free     Halal

No nuts             Non-dairy

Other Allergies.....

## DECLARATION

I certify that the information given in this application is complete and accurate to the best of my knowledge.

In enrolling on Inspiring 2026 I accept responsibility for payment of the full fees in accordance with the course web page ([Oxford Lifelong Learning](#)) and the Department's [Terms and Conditions for entry in 2025-26 for open access courses \(no entry requirements\)](#).

I also agree to abide by the Department's [Disciplinary regulations](#).

Signature

.....

Date

.....