OUSSA 2027 ENROLMENT FORM

Please use **BLOCK CAPITALS**. Completed forms should be sent to the OUSSA course team by:

Email: oussa@conted.ox.ac.uk *or* **Post:** OUSSA
Oxford Lifelong Learning, University of Oxford Department for Continuing Education, Rewley House
1 Wellington Square, Oxford, OX1 2JA, UK

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. For details, see the University's student privacy policy.

YOUR DETAILS

Title (eg Mr/Ms/Dr) ..... Male ☐ Female ☐

All first names
(as shown on passport) .....

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

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

Date of birth: Day..... Month..... Year..... (*eg 25 Dec 1990*)

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

Street address .....

Town.....

Region/state.....

Postal/ZIP code.....

Country .....

Email .....

Telephone .....

Occupation.....

EMERGENCY CONTACT

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

Name .....

Relationship .....

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

Email .....

Address .....

ACCOMMODATION

All bedrooms have a private shower, toilet, tea and coffee making facilities, Freeview television and free Wi-Fi.

Please indicate your accommodation preference by ticking the appropriate box below.

☐**Non-residential** *no accommodation*

☐**Single en suite** *one single bed; private shower and toilet*

☐**Twin en suite** *two single beds; private shower and toilet*
Sharing with (please state name) .....

☐**Double en suite** *one double bed; private shower and toilet*
Sharing with (please state name) .....

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: 3 - 10 July 2027 First choice .....
Second choice .....
Week 2: 10 - 17 July 2027 First choice .....
Second choice .....
Week 3: 17 – 24 Jul 2027
First choice .....
Second choice .....
Week 4: 24 – 31 Jul 2027
First choice .....
Second choice .....
Week 5: 31 Jul – 7 Aug 2027
First choice .....
Second choice .....
Week 6: 7 – 14 Aug 2027 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 (eg disabled access, hearing loop etc.) We ask this so we can assist you.

……

……

DIETARY REQUIREMENTS

The following special diets are available but only if requested in advance.

☐Vegan ☐Vegetarian ☐Fish-eating vegetarian

☐No fish ☐No shellfish ☐No fish or shellfish

☐Gluten-free ☐No nuts ☐Non-dairy

☐Halal ☐Other Allergies……

ENGLISH LANGUAGE COMPETENCY

☐I am a native speaker of English

☐I hold an IELTS score of 7.5 or equivalent

I am exempt because:

☐I have attended before

☐I have supplied evidence before

☐I hold an under- or postgraduate degree in which the language of instruction and assessment was English

CERTIFICATE OF HIGHER EDUCATION

Are you enrolled on the Certificate of Higher Education at the Department?

☐Yes ☐No

See Oxford Certificate of Higher Education for more details.

ETHNIC ORIGIN AND RELIGION

How would you describe your ethnic origin? (Please tick one box)

☐Arab
☐Asian or Asian British – Bangladeshi
☐Asian or Asian British – Chinese
☐Asian or Asian British – Indian
☐Asian or Asian British – Pakistani
☐Any other Asian background
☐Black or Black British – African
☐Black or Black British – Caribbean
☐Any other Black background
☐ Mixed - White and Asian
☐ Mixed – White and Black African
☐ Mixed – White and Black Caribbean
☐ Any other mixed ethnic background
☐ White – British
☐ White – Irish
☐ White – Gypsy or Irish Traveller
☐ White – Roma
☐ Any other White background
☐Any other ethnic background
☐ Not known
☐ Prefer not to say

What is your religious belief? (Please tick one box)

☐Prefer not to say ☐No religion ☐Buddhist ☐Christian ☐Hindu ☐Jewish

☐Muslim ☐ Sikh ☐ Any other religion or belief

ACADEMIC RECORD

WHAT IS YOUR HIGHEST QUALIFICATION? (Please tick one box)

☐No formal qualifications
☐GCSE, O-Level, or equivalent
☐A-level or equivalent
☐Undergraduate certificate
☐Undergraduate diploma
☐Bachelor's degree (UK,
☐Bachelor's degree (UK, honours)
☐Bachelor's degree (non-UK)
☐Postgraduate certificate
☐Postgraduate teaching qualification
☐Postgraduate diploma
☐Master's degree (UK)
☐Master's degree (non-UK)
☐Doctorate (UK)
☐Doctorate (non-UK)
☐Other: ……

FURTHER INFORMATION

The following information is required by the Higher Education Statistics Agency (HESA) to monitor equal opportunities and widening participation in the higher education sector and support higher education providers in meeting their obligations under the Equality Act 2010. The University of Oxford is now required to ask these questions for students who are enrolled on courses that can be taken for academic credit.

Do any of your parents (natural, adoptive, step- or guardians who brought you up) have any higher education qualifications, such as a degree, diploma or certificate of higher education?

☐ Yes ☐ No ☐ Not known ☐ Prefer not to say

Which of the following best describes your sexual orientation?

☐ Bisexual ☐ Gay or lesbian ☐ Heterosexual or straight ☐ Other sexual orientation ☐ Prefer not to say

Is the gender you identify with the same as your sex registered at birth?

☐Yes ☐ No ☐ Prefer not to say

Please indicate if you have experienced care:

☐ Yes ☐ No ☐ Prefer not to say

HOW DID YOU FIND OUT ABOUT OUSSA?

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? ……

DECLARATION

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

In enrolling on OUSSA 2027 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 2026-27 for open access courses (no entry requirements)*.
I also agree to abide by the Department's *Disciplinary regulations*.

Signature ……

Date ……

STAY INFORMED OF LIFELONG LEARNING NEWS AND EVENTS

Please keep me informed about Oxford Lifelong Learning courses, events, research and news by email:

☐ **Yes** *(you can opt out of communications at any time)*