

APPLICANT STATEMENT

UTS DISCOVER ARCHITECTURE SUMMER SCHOOL

APPLICANT DETAILS

Please complete and return the application statement, and the consent form if applicant is under 18, to Joanne Kinniburgh, Lecturer in the School of Architecture, by email (in Word or PDF format), fax or post (all contact details at bottom of form)

MR MS (underline one)

FIRST NAME _____

FAMILY NAME _____

POSTAL ADDRESS _____

STATE _____ POST CODE _____

PHONE NO (0) _____ FAX (0) _____

MOBILE _____ HOME (0) _____

EMAIL _____

HOW DID YOU HEAR ABOUT THIS COURSE? (Tick any or all boxes)

UTS Open day

UTS Architecture Web Site

School Careers Advisor

Other (please indicate)

Applicant's Statement (maximum of 300 words):

ENROLMENT PROCESS

The course director will assess all applications. Successful applicants will then be sent a link to the **UTS Short Course Web Site** to complete the registration process. Please note the course fee will be payable as part of the online enrolment process. Cost **\$599** (inclusive)

The Discover Architecture Summer School is an initiative of the **UTS School of Architecture**.

For further course information contact
Joanne Kinniburgh (Lecturer) on
T: +61 (02) 9514 8849 or E: Joanne.Kinniburgh@uts.edu.au

Email, fax or mail completed forms to Joanne Kinniburgh
E: Joanne.Kinniburgh@uts.edu.au, F: +61 (02) 9514 8787
M: Joanne Kinniburgh, Office 06.05.79,
Faculty of Design Architecture and Building
University of Technology, Sydney
PO Box 123, Broadway NSW 2007

CONSENT FORM

UTS DISCOVER ARCHITECTURE SUMMER SCHOOL

CONSENT FORM

Complete this form if applicant is under 18 years of age and requires parental or legal guardian consent to attend the course.

I _____, the parent/legal guardian of _____, give
[parent guardian name] [student name]
permission for him / her to participate in the Discover Architecture Summer Program to be held at the University of Technology, Sydney (**UTS**) from Monday 11th January - Thursday 21st January 2016.

I understand that during the Program, _____ will participate in a range of
[student name]
supervised activities with other students from Monday to Friday between 10.00am and 4.00pm. I am aware that he/she may be unsupervised for short periods of time during the Program, for example, during their lunch break and during travel to and from Program venues. I realise that although UTS will make every effort to provide a safe and secure environment for _____, during unsupervised time periods, he/she will be personally responsible for his/her own safety and wellbeing during these unsupervised periods.
[student name]

Parent/Legal Guardian contact details:

Phone:.....

Mobile:.....

.....
Signed by:

.....
Name (*please print*)

.....
Date