

HE SELECTION COURSES - APPLICATION FORM 2018

Pupil Name:

Parent Name:

School:

Preferred email contact:

Course(s) applied for (please tick):

Course	Date	Start	Finish	Cost	Tick
TSA	Thurs 21 June	9.30	16.15	£110	
UKCAT	Mon 25 June	9.00	16.00	£125	
BMAT	Tues 26 June	9.00	16.00	£125	
LNAT	Tues 26 June	9.30	12.30	£90	
Medical Interviews	Wed 27 June	9.30	16.30	£125	
Medical Interviews	Thurs 28 June	9.30	16.30	£125	

All courses are held at the GDST Central Office, 100 Rochester Row, London SW1P 1JP
 The course cost does not include travel. Delegates will be sent full joining instructions in advance of the day. In the event of oversubscription, places will be allocated on a first come first served basis. Please note the medical interview course will run twice due to high demand, students should indicate their preferred date.

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Payment and parental consent:

- I consent to my daughter /son / ward attending the course(s) applied for above and detailed on the course flyer.
- I understand that students are expected to make their own travel arrangements and travel to and from the event independently.
- I confirm that all of the contact and medical details provided on the Annual Consent Form held on file by the school are correct and consent to these being shared as required with event staff. I undertake to update the medical and contact information via the address below in the event of any changes between the date signed and the commencement of the event.

Signed:

Date:

Please complete the payment details and return the form to **Isabel Rughani** by Friday 30 March

Email: careerstart@wes.gdst.net

Postal address: Girls' Day School Trust, 100 Rochester Row, London SW1P 1JP

Payment details:

Please select one option:

- I confirm that my daughter / son /ward is in receipt of a bursary and is therefore entitled to a free place.
- I enclose a cheque for the total sum made out to 'GDST'.
- I authorise you to debit my Delta/Electron/MasterCard/Maestro/Solo/VISA

Card no: _____/_____/_____/_____

Start date: _____

Expiry date: _____

Security code (last 3 digits on back of card): _____

Issue number (if applicable): _____

Name on card: _____

Signature: _____ Date: _____

Billing address for card:

_____ Post code: _____

I understand that the payment is non-refundable.