

TRINITY CENTRE FOR PEOPLE WITH INTELLECTUAL DISABILITIES

SUMMER SCHOOL EXPRESSION OF INTEREST FORM

Please return your completed form to: <u>tcpid@tcd.ie</u> or TCPID, 4th Floor, 3 College Green, Dublin 2. Applicant Information

Name	
D.O.B. Address	
Address	
Phone	
Email	

Previous / Current Education

School Name	
Address	
Phone	
Date attended	Year Beginning:
	Year Finishing:

Support Service

Are you linked with any disability support service?	
Address	
Phone	



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Key Worker/Support Staff name?

About You

	Yes	No	More Information
Do you have a diagnosis of an intellectual disability?			
Do you have any specific accessibility requirements?			
Can you travel to Trinity College Dublin independently?			
Do you require additional supports for any reason? (such as a personal assistant)			
Are you available to attend the Summer School on the dates: 26 th , 27 th , 28 th June 2018			



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Tell us why you want to come to the TCPID Summer School?





