**SUMMER SCHOOL EXPRESSION OF INTEREST FORM**

Please return your completed form to:

[tcpid@tcd.ie](mailto:tcpid@tcd.ie) or TCPID, 4th Floor, 3 College Green, Dublin 2.

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| Applicant Information |

|  |  |
| --- | --- |
| Name |  |
| D.O.B. |  |
| 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 |  |
| Key Worker/Support Staff name? |  |

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| --- |
| 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:  11th, 12th 13th June 2019 |  |  |  |

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