

Consent Form for Applicants Under the Age of 18

To be completed by the Applicant and Parent/Guardian. Please complete the form electronically, print out a copy and in BLACK INK sign name as required.

SECTION 1: PERSONAL DETAILS

Title:		Forename(s):		Surname:	
UCAS Personal ID:		Course:			

SECTION 2: APPLICANT DECLARATION

I hereby confirm that I have read and accept the Under 18s Admissions Policy

Signed:		Date:	
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I accept that the University of Southampton will not act in loco parentis (assuming parental responsibility)

SECTION 3: PARENT/GUARDIAN DECLARATION

I hereby confirm that I have read and accept the Under 18 Admissions Policy

Title:		Forename(s):		Surname:	
Relationship to applicant:					
Signed:		Date:			

I accept that the University of Southampton will not act in loco parentis (assuming parental responsibility)

SECTION 4: EMERGENCY CONTACT DETAILS

Title:		Forename(s):		Surname:	
Relationship to applicant:					

Please provide emergency contact details for a parent, guardian or carer:

Address:	
Email:	
Telephone No:	
Mobile No:	

Please ensure this form is completed and emailed to admissions@soton.ac.uk