



CyberFirst 2018 APPLICATION FORM
This section must be completed by the student:

COURSE	VENUE	YEAR	DATE
CyberFirst Defenders	QUB		

APPLICANT'S DETAILS	
SURNAME:	FIRST NAME:
OTHER NAME(S):	SEX: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO SAY <input type="checkbox"/>
DATE OF BIRTH:	CURRENT SCHOOL YEAR:
ADDRESS:	
TOWN:	COUNTY:
POSTCODE:	TELEPHONE NUMBER:
MOBILE:	EMAIL:
CyberFirst is committed to a policy of equal opportunities. Please complete this section for monitoring purposes only. I am:	
<input type="checkbox"/> White - British	<input type="checkbox"/> Asian or Asian British – Bangladeshi
<input type="checkbox"/> White - Irish	<input type="checkbox"/> Chinese or other Ethnic Background – Chinese
<input type="checkbox"/> Other White Background	<input type="checkbox"/> Other Asian Background
<input type="checkbox"/> Black or Black British – Caribbean	<input type="checkbox"/> Mixed – White and Black Caribbean
<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/> Mixed – White and Black African
<input type="checkbox"/> Other Black Background	<input type="checkbox"/> Mixed – White and Asian
<input type="checkbox"/> Asian or Asian British – Indian	<input type="checkbox"/> Other Mixed Background
<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Other Ethnic Background



2. This section must be completed by the appropriate person:

PARENT/GUARDIAN DETAILS & AUTHORISATION

TITLE (Mr/Mrs etc) _____ INITIALS _____

SURNAME _____

ADDRESS (If different to applicant) _____

TOWN _____

COUNTY _____

POSTCODE _____

TEL. NO _____

MOBILE NO _____

I hereby give permission for _____ to attend the indicated CyberFirst residential course. I understand that if their application is successful, I will be responsible for arranging transportation to and from the course venue. I understand that students may have to cross a main road between the residential accommodation and working rooms, and that it may not possible to put male and female students into separate blocks, but at a minimum they will be segregated by floor. I have read the conditions above and fully understand them.

SIGNATURE _____

DATE _____



DATA PROTECTION:

We would like to keep you updated on all our future course activities, however:

If you **DO NOT** want to receive updates by email from us please tick this box

If you **DO NOT** want to receive updates to your mobile from us, please tick this box

If you **DO NOT** want to receive updates by post from us please tick this box

If you **DO NOT** want your details to be passed on to other 3rd party organisations, please tick this box

3. This section must be completed by a teacher from your school:

SCHOOL CONTACT DETAILS AND AUTHORISATION

TITLE (Mr/Mrs etc) _____ INITIALS _____ SURNAME _____

POSITION _____

SCHOOL _____

ADDRESS _____

TOWN _____

COUNTY _____

POSTCODE _____

TELEPHONE _____

EMAIL _____



As the teacher of _____
(STUDENT NAME)

I feel *he/she will benefit from and be an asset to this course because:

SIGNED _____ DATE _____

**ONCE COMPLETED THIS FORM SHOULD BE RETURNED TO THE ADDRESS BELOW,
APPLICATIONS WILL BE REVIEWED ON A DAILY BASIS.**

Veronica Bintley (Mrs)
Team Leader | Departmental Business Services Team | Department of Education
Rathgael House | Rathgill | Balloo Road | Rathgill | Bangor | BT19 7 PR
CyberfirstTraining@education-ni.gov.uk