



2025 ENGLISH LANGUAGE EXPERIENCE AND ACTION | SUMMARY OF APPLICATION FORM QUESTIONS

Please find below a list of the questions asked in the application form. Please look through these questions carefully before starting the application form as there is no option to save your progress. Please pay attention to which sections require the parent/guardian to complete and which sections require the participant to complete.

SECTION ONE

1. Email
2. Please tick to confirm you are able to pay the full course fee and understand there are no scholarship opportunities available
3. Are you applying as an Educational Tour Operator (ETO) or via an agent?
4. If yes, what is the Peartree Languages ETO number?

SECTION TWO | APPLICATION FORM

The application form should be completed by the parent/guardian with participant details.

1. First Name
2. Surname
3. Preferred name (if differs from first name)
4. Age at the time of course
5. Date of birth
6. Gender
7. Does your gender differ from your legal identity?
8. Preferred pronouns?
9. Participant email address
10. Nationality
11. Postal address
12. City
13. Country



14. Postcode
15. Name of school currently attending
16. Please confirm if this is an English speaking bilingual school, or if the participant has ever attending an English bilingual school?
17. Please provide the participants' passport number
18. Please tick to confirm that you understand you may need to apply for a visa to attend the course and that parents/participants must arrange this

SECTION THREE | APPLICATION FORM

The application form should be completed by the parent/guardian with participant details.

1. First Language (mother tongue)
2. Please select any other languages spoken by the participant:
3. Please select the participants CEFR English Language level
4. What have you used to assess their English level?
5. Please tick to confirm that you understand that we reserve the right to request a video interview to determine the participants English language for the ELEA programme

SECTION FOUR | APPLICATION FORM

The application form should be completed by the parent/guardian with participant details.

1. Has the participant previously attended an ELEA programme (please select all years that apply):
2. If you are attending for the first time, do you know anyone else who has applied to attend ELEA? If so, please provide their name
3. Has the participant attended any other courses at UWC Atlantic College?
4. Please confirm the participants clothing size for a course t-shirt
5. How did you/participant hear of the programme?



SECTION FIVE | PARTICIPANT MEDICAL/ADDITIONAL NEEDS FORM

The medical/additional needs form must be completed by the parent/guardian with participant details.

1. Does the participant have any food allergies?
2. If yes, please specify
3. Does the participant have any **special dietary requirements**?
4. Please list here if there is any other information we should be aware of relating to food.
5. Does the participant have any medical conditions, including those requiring medication?
6. Please provide further information if required
7. We strive for inclusivity. In order to best support your child, please indicate if the participant requires any additional needs, as follows:
8. If you have answered yes to the question above please provide further details including severity, current management plans and further support received in school to support the additional needs.
9. Please state the participants water confidence
10. Please state the participants fitness level
11. Please list all medication taken by the participant including non-regular medication the participant will have for the duration of the programme (i.e. paracetamol)
12. Please list the routine for regular medication taken (i.e. every morning etc)
13. Please tick to agree to the following terms:
14. Parent/guardian contact details will be used as the emergency contact information. If emergency contact details are different to parent/guardian information that will be provided in the next section, please specify the full name, mobile number and email address here

SECTION SIX | PARENT/GUARDIAN DETAILS (PRIMARY PARENT)

This section should be completed by the parent/guardian with details of the primary parent/guardian. The invoice will be sent to the primary parent only.

1. First name
2. Surname



3. Email address
4. Would you like to be added to the UWC Atlantic Experience mailing list for future summer programme updates?
5. Contact mobile number
6. Relationship to participant
7. What is your English language level?
8. Are you a friend of the College?
9. Please tick to confirm you have read, understand and adhere to the information set out in the course brochure, course pack and terms and conditions

SECTION SEVEN | PARENT/GUARDIAN DETAILS (SECONDARY PARENT)

This section should be completed by the parent/guardian with details of the secondary parent/guardian.

1. First name
2. Surname
3. Email address
4. Would you like to be added to the UWC Atlantic Experience mailing list for future summer programme updates?
5. Contact mobile number
6. Relationship to participant
7. What is your English language level?
8. Are you a friend of the College?
9. Please tick to confirm you have read, understand and adhere to the information set out in the course brochure, course pack and terms and conditions

SECTION EIGHT | ACKNOWLEDGEMENT OF RISK

1. Please tick to confirm you have read the acknowledgement of risk



SECTION NINE | CONSENT

1. Do you give consent for the participant to be included in photos/videos taken throughout the programme?
2. Please tick to confirm that you have read our privacy policy which explains how we retain and store your data and information provided.
3. Please tick to confirm the following

SECTION TEN | SUBMIT YOUR APPLICATION