# 2026 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 | COURSE INFORMATION

1. Email
2. Please tick to confirm you are able to pay the full course fee and understand there are no scholarship or funding opportunities available

## SECTION TWO | REFERRALS

1. Have you been referred by the following:
    a. Peartree Educational Tour Operator (agent)
    b. UWC National Committee
    c. None of the above

## SECTION THREE | REFERRAL DETAILS

***This section only applies if you have been referred by one of the above.***

1. If you have been referred by a Peartree Educational Tour Operator (agent), please provide the ETO code here
2. If you have been referred by a UWC National Committee, please provide the code here
3. If you have been referred by a UWC National Committee, please provide their contact email

## SECTION FOUR | APPLICATION FORM

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

1. Participant first name
2. Participant surname
3. Preferred name (if differs from first name)
4. Age at 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 is frequently used in the participant's home as the main language of communication
17. Please provide the participants passport number
18. Please tick to confirm you understand you may need to apply for a visa to attend the course and that parent/participants must arrange this

## SECTION FIVE | ENGLISH LANGUAGE LEVEL

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

1. What is the participants 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 SIX | APPLICATION FORM (PART 3)

***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 find ELEA

## SECTION SEVEN | PARTICIPANT MEDICAL ADDITIONAL NEEDS

***This section MUST be completed by the parent/guardian with details of the participant.***

1. Does the participant have any food allergies
2. If yes, please specify the allergy/ies
3. How severe is the allergy e.g. is there a risk of anaphylactic shock or is it airborne
4. Does the participant have any special dietary requirements
5. Please list here if there is any other information we should be aware of relating to food
6. Does the participant have any medical conditions, including those requiring medication
7. Please provide further information if needed
8. We strive for inclusivity. In order to best support your child, please indicate if the participant requires any additional needs

9. If you have answered yes to the questions above please provide further details including severity, current management plans and further support received in school to support the additional needs
10. Please state the participants water confidence
11. Please state the participants fitness level
12. 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)
13. Please list the routine for regular medication taken (i.e. every morning etc)
14. Please tick to agree to the following terms
    a. All medication (including painkillers, excluding emergency medication and topical medication listed above will be handed into course staff on arrival to be distributed as per the medical routine provided)
15. 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 EIGHT | PARENT/GUARDIAN DETAILS (PRIMARY PARENT/GUARDIAN)

***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. In the case of needing to contact parents/guardians during the course, the primary parent/guardian will be contacted. Do you require separate parent/guardian communication
2. First name
3. Surname
4. Email address
5. Are you a friend of UWC
6. Would you like to be added to the UWC Atlantic Experience mailing list for future summer programme updates
7. Contact mobile number
8. Relationship to participant
9. What is your English language level

10. 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 NINE | PARENT/GUARDIAN DETAILS (SECONDARY PARENT/GUARDIAN)

***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. Are you a friend of UWC
5. Would you like to be added to the UWC Atlantic Experience mailing list for future summer programme updates
6. Contact mobile number
7. Relationship to participant
8. What is your English language level
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 TEN | ACKNOWLEDGMENT OF RISK

***This section MUST be completed by the parent/guardian.***

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

## SECTION ELEVEN | CONSENT

***This section MUST be completed by the parent/guardian.***

1. Do you give consent for the participant to be included in photos/videos taken throughout the programme

2. Please tick to confirm you have read our privacy policy which explains how we retain and store your date and information provided
3. Please tick to confirm the following:
    a. You have read and understood the risk involved in participating in the planned activities and you are satisfied with the levels of supervision provided
    b. You understand that for the safety of all participants that rules and instructions must be obeyed
    c. It is your duty to ensure that the information on this form is accurate and any changes or amendments must be passed onto course staff at the earliest opportunity
    d. You confirm you are the participants' parent or legal guardian

## SECTION TWELVE | SUBMIT YOUR APPLICATION