



2024 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. Are you applying as or through an Educational Tour Operator (ETO)?
2. 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. Age at the time of course
4. Date of birth
5. Gender
6. Participant email address
7. Nationality
8. Postal address
9. City
10. Country
11. Postcode
12. Please provide the participants' passport/ID number
13. Please tick to confirm that you understand you may need to apply for a visa to attend ELEA 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. Other languages spoken
3. 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. Did the participant attend a previous UWC Atlantic programme?
2. Does the participant know any other students who have applied to attend ELEA 2024? If so, please provide details
3. Please tick to confirm you are able to pay the full ELEA course fee (£2,400GBP before any promotional discounts) and understand there are no scholarship opportunities available
4. Please confirm the participants clothing size for an ELEA t-shirt
5. How did you/participant hear of the ELEA 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. Does the participant have any medical conditions, including those requiring medication (e.g. asthma, hay fever, epilepsy, diabetes, fits, allergies etc.)



5. Please provide further information if required
6. Please detail any recent illnesses, injuries or other occurrences that may affect the participants ability to participate in any of the activities (physical activities and lessons):
7. Is there anything else we should know about the participant (eg. learning difficulties, emotional or behavioural conditions)? If yes, please give as many details as possible. This will help us to give your child the best experience possible and ensure the suitability of the programme
8. Please detail any special requirements, special needs, information or any reasonable adjustments required that you feel should be brought to the attention of the staff/facilitation team?
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
15. CONSENT
16. Do you give consent for the participant to be included in photos/videos taken throughout the programme?
17. Please tick to confirm

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. If you are UWC Atlantic alumnus, please provide details of your class year
9. I confirm I have read the statements

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. If you are UWC Atlantic alumnus, please provide details of your class year
9. I confirm I have read the statements