

## 2024 GLOBAL LEADERSHIP EXPERIENCE | 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. You are applying for a self-funded place on GLE. Please tick to confirm you are able to pay in full the course fee of £2,695 GBP

### SECTION TWO | PERSONAL DETAILS

*The application form should be completed with participant details.*

1. First Name
2. Surname
3. Participant email address
4. Age at the time of course
5. Date of birth
6. Gender
7. Does your gender differ from your legal identity?
8. Nationality
9. Postal address
10. City
11. Country
12. Postcode
13. Participants contact telephone number (including international dialling code)
14. School name and address
15. Participants fluency in English
16. Does the participant require a visa for travel
17. Please confirm your tshirt size
18. How did you/participant hear of the GLE programme?

### SECTION THREE | ABOUT YOU

*In this section, we would like to find out more about you, what you hope to bring to the programme and what you hope to get out of it. We know that written answers do not always allow people to fully express themselves, so feel free to upload a video, image or audio file to support your application. If you are uploading a video, please write 'video attached' in the answer boxes for the 6 questions below.*

1. What motivates you to be part of the Global Leadership Experience? (300 words)
2. Explain, in your own words, what leadership means to you. Where useful, draw on examples (from others, or yourself) to support your answer (max 300 words)
3. Tell us about a time that you stepped out of your comfort zone. What happened? (max 200 words)
4. What do you need in order to bring your full and true self to a community of people? (max 200 words)
5. What is an issue you are particularly motivated to contribute to improving? How have you begun to do so or how do you plan to use GLE to help you begin to do so? (max 200 words)
6. Please use this space to input anything else you would like us to know or consider as part of your application

### SECTION FOUR | PARTICIPANT MEDICAL/ADDITIONAL NEEDS FORM

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

*The information provided in this section will not be used to discriminate but will be used to ensure we can provide the best experience on the programme and meet the safety needs of the participant. If required, we may contact you to discuss in more detail the information you have provided.*

*Please fill this section in providing as much information as possible. Failure to do so could result in the delay of any essential treatment, risk to the participant and could also lead to the withdrawal of the participant in the case of false/insignificant information provided. If any of this information changes prior to the start of the programme then it is your responsibility to inform as soon as possible and provide information.*

1. 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
2. If the participant has any medical conditions, including those requiring medication (e.g. asthma, hay fever, epilepsy, diabetes, fits, allergies etc.) please provide details
3. 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)
4. Please list the routine for regular medication taken (i.e. every morning etc)
5. Please tick to agree
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. Please detail any special requirements, information or any reasonable adjustments required that you feel should be brought to the attention of the staff/facilitation team?
8. Does the participant have any special dietary requirements?
9. Does the participant have any food allergies?
10. Please state the participants water confidence
11. 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
12. Do you give consent for the participant to be included in photos/videos taken throughout the programme?
13. Consent

## **SECTION FIVE | 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/guardian 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 and agree to the following:

## **SECTION SIX | 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. 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 and agree to the following: