

2025 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 | 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. Preferred pronouns
9. Nationality
10. Postal address
11. City
12. Country
13. Postcode
14. Participants contact telephone number (including international dialling code)
15. School name
16. Is this an independent or private school
17. Participants fluency in English
18. Does the participant require a visa for entry to the UK
19. Please confirm your passport number
20. Please confirm your tshirt size
21. How did you/participant hear of the GLE programme?

SECTION TWO | SCHOLARSHIP MEANS TESTING (Only applies to scholarship form)

All participants applying for a scholarship place must demonstrate they are eligible to benefit from a financially subsidised place.

1. Parent/guardian combined total NET annual income
2. How many financially dependents live in the home

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 or audio file to support your application. If you are uploading a video, please write 'video attached' in the answer boxes for the 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. (3) 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 300 words)

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. 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. If the participant has any medical conditions, including those requiring medication (e.g. asthma, hay fever, epilepsy, diabetes, fits, allergies etc.) please provide details
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 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. 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 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. 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 | ACKNOWLEDGEMENT OF RISK

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

SECTION EIGHT | CONSENT

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 data and information provided.

3. Please tick to confirm you have read the following: