

## 2023 NAUTICAL 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. Please select which applies:
2. The programme fee (covering activity costs, accommodation and catering) are funded by Trinity House Maritime Charity. Travel to and from UWC Atlantic College, travel insurance and visas are not included. Please ensure you are able to cover these costs before applying.

### SECTION TWO | PARTICIPANT DETAILS

*The application form should be completed by the participant.*

1. First Name
2. Surname
3. Participant email address
4. Date of birth
5. Please state what age you will be on 6th August 2023?
6. Gender
7. Street Address
8. Post Code/Zip code
9. Country
10. Nationality
11. Telephone (inc. Country code)
12. School name & Address
13. Fluency in English?
14. Please confirm your tshirt size

### SECTION THREE | ABOUT THE PARTICIPANT

*This should be completed by the participant. In this section, we would like to find out more about you, your nautical career ambitions and what experience you currently have.*

1. Do you already have any relevant qualifications? (e.g. RYA)
2. What inspires you about a career in the nautical/maritime industry? (max 300 words)
3. Working in a nautical/maritime industry requires the ability to work in a team in a range of high-pressure environments. What experience have you got in team-working and/or working under pressure? (max 150 words)
4. Upload any other supplementary material, if you would like.

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

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

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. If yes, please provide further information
4. 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)
5. Please list the routine for regular medication taken (i.e. every morning etc)
6. Please tick to agree to the following terms:
7. Please detail any recent illnesses, injuries or other occurrences that may affect the participant's ability to participate in any of the activities (physical activities and lessons):
8. Please detail any special requirements, information or any reasonable adjustments required that you feel should be brought to the attention of the staff.
9. Does the participant have any special dietary requirements?
10. Does the participant have any food allergies?

11. If yes, please provide further details
12. Please state the participant's water confidence
13. 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
14. Do you give consent for the participant to be included in photos/videos taken throughout the programme?

### **SECTION FIVE | CONSENT**

*The consent form must be completed by the parent/guardian.*

### **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. Full Name
2. Relationship to applicant
3. Email
4. Telephone
5. If you are a UWC Atlantic alumnus, please provide details of your graduating year
6. I confirm I have read and agree to the following:

## **SECTION SEVEN | PARENT/GUARDIAN DETAILS (SECONDARY PARENT)**

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

1. Full Name
2. Relationship to applicant
3. Email
4. Telephone
5. If you are a UWC Atlantic alumnus, please provide details of your graduating year
6. I confirm I have read and agree to the following:

## **SECTION EIGHT | SHARING YOUR INFORMATION**

1. Are you happy for us to share your information with another UWC affiliated summer programme?
2. Have you applied to any other UWC Summer programme? If yes, where?
3. How did you find out about the course

**End.**