

## 2023 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 £2,595 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. Nationality
8. Postal address
9. City
10. Country
11. Postcode
12. Participants contact telephone number (including international dialing code)
13. School name and address
14. Participants fluency in English
15. Does the participant require a visa for travel
16. Please confirm your tshirt size
17. 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.*

1. Share something about yourself, or something you have done, that you are proud of. (300 words)
2. Why you are applying and what you hope to gain from this course? (max 300 words)
3. What will you contribute to the Global Leadership Experience (a specific perspective, skills, experiences)? (max 300 words)
4. Describe what you understand leadership to mean, using an example or experience of "good" or "bad" leadership to explain this. (max 300 words)
5. Upload any other supplementary material, if you would like.

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

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

*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. 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 participants ability to participate in any of the activities (physical activities and lessons):
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. Does the participant have any special dietary requirements?
10. Does the participant have any food allergies?
11. If yes, please specify
12. Please state the participants 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. You only need to complete this question if details are different to those listed for parent/guardians
14. Do you give consent for the participant to be included in photos/videos taken throughout the programme?
15. 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: