

# SUMMER PROGRAMME APPLICATION FORM



**ELI** ENGLISH LANGUAGE INSTITUTE

Booking Agent: \_\_\_\_\_

## Summer Programme Selection (Tick Box):

Summer Camp

Young Adult Dublin

Arrival Flight: \_\_\_\_\_

Departure Flight: \_\_\_\_\_

Total Number of Weeks: \_\_\_\_\_

Early Departure Transfer (<9am) \_\_\_\_\_

Late Arrival Transfer (>10pm): \_\_\_\_\_

## Personal Information - Please Write in Block Capitals

Student's Family Name: \_\_\_\_\_

Student's First Name/s: \_\_\_\_\_

Gender  Male  Female

Nationality: \_\_\_\_\_

Date of Birth DD/MM/YY: \_\_\_\_/\_\_\_\_/\_\_\_\_

Language: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Number : \_\_\_\_\_ Religion (if any): \_\_\_\_\_

Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_

## Parent or Guardian (1) Contact

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent or Guardian (2) Contact

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Accommodation Preferences

Students on our summer programmes stay in shared accommodation unless otherwise specified. Should you wish to upgrade to a single room, please tick here:

Do you have pets at home?  Yes  No Any additional Information? \_\_\_\_\_

Are you happy to live with pets?  Yes  No \_\_\_\_\_

Do you have any dietary requirements?  Vegetarian  Vegan  Coeliac  Lactose Intolerance  Other

If other, please explain \_\_\_\_\_

Do you smoke?  Yes  No

## Language Ability

How would you describe your level of English?

Please tick where appropriate your level of English in the following areas:

Speaking  Elementary  Intermediate  Upper intermediate  Advanced

Listening  Elementary  Intermediate  Upper intermediate  Advanced

Reading  Elementary  Intermediate  Upper intermediate  Advanced

Writing  Elementary  Intermediate  Upper intermediate  Advanced

## Medical

Does the applicant now have, or has she had any of the following? Please give detailed information:

### Illness

Chicken Pox  Yes  No \_\_\_\_\_

Measles  Yes  No \_\_\_\_\_

Mumps  Yes  No \_\_\_\_\_

Rubella  Yes  No \_\_\_\_\_

Poliomyelitis  Yes  No \_\_\_\_\_

Malaria  Yes  No \_\_\_\_\_

Hepatitis  Yes  No \_\_\_\_\_

Goiter  Yes  No \_\_\_\_\_

Hernia  Yes  No \_\_\_\_\_

Other: \_\_\_\_\_

### Month/Year

### Disorder

Seizures  Yes  No

Sleepwalking  Yes  No

Anorexia  Yes  No

Bulimia  Yes  No

Diabetes  Yes  No

Headaches/Migraine  Yes  No

Psychological/Emotional  Yes  No

Allergies  Yes  No

Asthma  Yes  No

Other: \_\_\_\_\_

If you have answered yes to any of the disorders above, please explain and provide documentation detailing your current situation. Please also provide medical certificate where required: \_\_\_\_\_

Are there any restrictions on your physical health that would prevent you from participating in physical activity?  Yes  No  
If yes, please explain: \_\_\_\_\_

**Do you have a medical condition now or previously we should be informed of?**

Name of condition: \_\_\_\_\_  
Medication taken: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Special diet required: \_\_\_\_\_

**Do you have any allergies that we should be informed of?**

Allergy: \_\_\_\_\_  
Severity:  Mild  Moderate  Severe  
Medication taken: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**Additional Allergies? (Continue on separate page where required)** \_\_\_\_\_

**Signature**

I certify that the medical details above are correct: \_\_\_\_\_

**Contact and Consent Form**

Next of Kin / Emergency Contact

First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Mobile Phone number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Level of English: \_\_\_\_\_

**Photo / Video Consent Form**

We would be grateful if you would fill in this form to give ELI Schools permission to take photos of your child for use in future Summer Camp Marketing Material

I \_\_\_\_\_ grant permission for ELI Schools to take photographs and video of my child for use in their marketing of ELI Schools Programmes. This might include (but is not limited to), the right to use them in their printed and online publicity and social media.

Name of Child: \_\_\_\_\_  
Name of Parent/ Guardian: \_\_\_\_\_  
Signature of Parents/ Guardian: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**UNDERTAKING BY THE PARENT(S)/GUARDIANS**

**BOOKING AGREEMENT**

I have read, understand and accept all application and payment terms and conditions outlined above and the ELI Dublin brochure and/or website and agree to be bound therein.

**Agreement for all parent/guardians or legal representatives of students aged under 18** I am the parent or legal guardian of the above (minor) applicant. I have read, understand and accept all application and payment terms and conditions outlined above and the ELI Dublin brochure and agree to be bound therein

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ELI Dublin**  
Grand Canal

7 Herbert Place,  
Dublin 2, D02 EH93

**ELI Dublin**  
Dame Street

19-22 Dame Street,  
Dublin 2, D02 E267

**ELI Drogheda**  
Merchant House

9/10 Merchant Quay,  
Drogheda, A92 VF97

**ELI Limerick**  
O'Connell St

65 O'Connell St,  
Limerick, V94 CY8V

**Contact us**

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