

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: ____/____/____