

registration form for over 18s

Please return this form to EFL by email (hello@eflworld.com) or to your agent / teacher.

1. LOCATION						
Hastings (UK)		Perth (Australia)		Budapest (Hungary)		
1. STUDENT DETAILS						
Student's first name and middle name						
Student's family name						
Date of birth						
Nationality						
Passport or ID number						
Gender				Female	Male	
Visa type				Not required	Student Visitor Visa	
Address in the home country						
English Level	Beginner	Elementary	Pre Intermediate	Intermediate	Upper Intermediate	Advanced
2. EMERGENCY CONTACT DETAILS OF 2 PEOPLE TO BE CONTACTED IN CASE OF AN EMERGENCY. PLEASE INDICATE IF THEY SPEAK ENGLISH						
Emergency contact person 1				Emergency contact person 2		
Name				Name		
Relationship to the student				Relationship to the student		
Native language				Native language		
Do they speak English?		Yes	No	Do they speak English?		Yes No
Phone number + ()				Phone number + ()		
Email address				Email address		
3. COURSE DETAILS (MARK YOUR CHOICE)						
Junior Activity Programme <i>(15 hours English classes + afternoon, evening and weekend activities, full board accommodation, return airport transfer)</i>						
Junior Activity Programme - NO ACCOMMODATION, NO AIRPORT TRANSFER <i>(15 hours English classes + afternoon, evening and weekend activities)</i>						
Junior Activity Programme - ENGLISH CLASSES ONLY <i>(15 hours English classes only)</i>						

3-1. COURSE START DATE (MONDAY TO FRIDAY)			
First day in class		Last day in class	
4. ACCOMMODATION ARRIVAL/DEPARTURE DATES (SATURDAY TO SATURDAY or SUNDAY TO SUNDAY)			
Check in date		Check out date	
Host family accommodation type	Full board	Half board	B&B

CONSENT AND EMERGENCY DETAILS FOR OVER 18s

This form should be completed by the all students over the age of 18 who are travelling to join a programme organised by EFL Education and Travel (hereafter EFL). Please complete this form in CAPITALS. EFL is legally obliged to ask for this information and it is essential that you send the form back to us before the students' travel. Without this form, students cannot participate in the programmes offered by EFL.

- Please return this form to EFL by email (hello@eflworld.com) or to your agent / teacher.
- The student must carry the original copy in their hand luggage to present to Immigration if asked.

5. I HEREBY GIVE CONSENT FOR
<ul style="list-style-type: none"> • The School Director to make emergency decisions on my behalf of the student if unable to give consent while on the EFL programme. • First aid to be administered and appropriate non-prescription medication to be given. • To receive (in the event of an emergency) medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. Please note that any charges for medical treatment remain the responsibility of the student. • All students must have medical / travel insurance. EFL should be sent a copy in advance of the course. • To participate in off-site activities and excursions organised by EFL and other external providers. • To travel independently between the accommodation and the school / activities location. • My images, photos or comments to be used in EFL promotional materials. <p>DECLARATION</p> <p>To Whom It May Concern:</p> <ul style="list-style-type: none"> • I have read and accept EFL Terms and Conditions. • I agree to release EFL from any liability resulting from any causes of action for personal injury, disability, medical expenses, property damage or theft, or any other claims that may arise from my child's participation. EFL will take all reasonable precautions to ensure the safety and well-being of all students. • I understand that I will be unsupervised at certain times of the day and evening. • I understand that if I breaks any of the following rules, they may be sent home immediately and at our own cost. Rules include: <ul style="list-style-type: none"> - Attendance at classes, activities and excursions is mandatory and students must be on time.

- Mobile phones must not be used in lessons or during activities.
- Smoking, stealing, bullying, fighting, disobedience, rudeness and damage to EFL property are forbidden.
- Consumption of alcohol is strictly forbidden and illegal for students under the age of 18.
- Drug-taking is strictly forbidden and it is illegal.

DATA PROTECTION AND PROCESSING SENSITIVE INFORMATION

By signing this consent form, I allow EFL to process the data and use the information for enrolment purposes. We may send the relevant information to 3rd party providers (accommodation provider, host families) if it is essential to confirm the booking. Please visit our website for our detailed Data Protection Policy and how we may use the information that is provided in this document. You can find our GDPR policy on our "Downloads" page.

Please tick this grey box to indicate that you read and understood the above.

Please tick this grey box to indicate that you are happy for EFL to store 'sensitive data' i.e. passport copy as a necessity to provide the services. This data is collected due to visa and entry regulations. Passport data will not be shared with 3rd party suppliers (i.e. host families).

6. MEDICAL AND WELFARE INFORMATION PLEASE CONTINUE ON A SEPARATE SHEET IF NEEDED

Does the student have any medical condition?	Yes	No
If yes, please give the name of the condition.		
Does the student require medication?	Yes	No
If yes, what is the name of the medication?		
Please specify if the medicine is tablets, creams, etc.		
What dosage is required?		
How often should the dosage be given?		
Is the student permitted to self-medicate under the supervision of EFL staff or group leader?	Yes	No
Notes regarding any medical condition or medicine.		
Does the student have any learning or behavioural difficulties (eg dyslexia)?	Yes	No
If <u>yes</u> , please provide details.		
Does the student have any family problems (eg recent death in the family, parents recently divorced, etc.)?	Yes	No
If <u>yes</u> , please provide details.		
Does the student have any allergies (eg penicillin, dairy)?	Yes	No
If <u>yes</u> , please provide details.		
Does the student have any special dietary	Yes	No

requirements (eg vegetarian, halal only etc.)?	
If <u>yes</u> , please provide details.	
Does the student have any food allergies (eg. peanuts, celiac)?	Yes No
If <u>yes</u> , please provide details.	
Can the student swim at least 10 metres unaided?	Yes No
7. SIGNATURE OF STUDENT (IF 18 OR OVER) PLEASE ENSURE THAT ALL PAGES ARE SIGNED AND POINT 67IS COMPLETED	
Signature	Printed name
Date	