**English in Totnes Individual Junior Reply Pack 2017**

Please complete this pack and return by email to **info@englishintotnes.com** or by post to **The Gate House, 2 High Street, Totnes, TQ9 5RZ, UK** as soon as possible and by no later than 6 weeks before travel. By signing this pack, you are agreeing to the rules outlined in the EiT Junior Student Handbook.

 **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **Student Name** |   |
| Reference (if applicable) |  |
| Date of Birth (day/month/year) |  | Age: |
| Gender (Male / Female) |  |
| Nationality  |  |
| Passport Number |  | Expiry Date: |
| Address |   |
| Telephone number |   |
| Mobile number for use in the UK |   |
| Email address |   |
| **Emergency Contact Name (NOK)** |  |
| Relationship to Student and English level  |   |
| Emergency Contact Telephone / Mobile |  |
| Emergency Contact Email |   |

 **BOOKING INFORMATION**

|  |  |
| --- | --- |
| START DATE: | END DATE: |

|  |  |
| --- | --- |
| **COURSE Booked** | Please Tick ( √ ) |
| Play with English  |   |
| Junior English and Multi-Activity  |   |
| Junior English and Adventure |   |

ARRIVAL INFORMATION

***Transfer Options –****Students under the age of 16 must use one of our transfer options, unless supervised by a parent, guardian, or group leader. Students 16 – 17 can only travel separately with written permission from a parent / guardian which has been communicated to us prior to arrival.***INFORMATION**

**ARRIVAL**

|  |  |
| --- | --- |
| **Day & Date of flight** |  |
| **Airport name**  |  |
| **Terminal number** (if applicable) |  |
| **Arrival Time** |  |
| **Airline & Flight no** |  |
| **Service Booked: individual, group or unaccompanied minor?** |  |

**Are you using our transfer service on Arrival? Yes [ ]  No [ ]**

**If yes:** *Our leader will be waiting for you, holding a sign with your name and our logo. If our leader is not there, please wait at the Meeting point in your Arrivals Hall. After all students have been met, our transfer service will depart from the airport to Totnes.*

**If no:** and you are arriving independently where and when will you arrive? e.g. Train station at 12:00.

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**DEPARTURE**

|  |  |
| --- | --- |
| **Day & Date of flight** |  |
| **Airport name**  |  |
| **Terminal number** (if applicable) |  |
| **Departure Time** |  |
| **Airline & Flight no** |  |
| **Service Booked: individual, group or unaccompanied minor?** |  |

**Are you using our transfer service on Departure? Yes [ ]  No [ ]**

**If yes:** *we will let you know the details in the week before you leave the school.*

**If no** and you are leaving independently where and when will you leave from? e.g. Train station at 12:00.

PARENTAL/ GUARDIAN CONSENT

**Please tick the box to confirm:**

**GENERAL CONDITIONS:** I have read and consented to the rules outlined in the EiT Junior Student Handbook**[ ]**

**BEHAVIOUR:** I have no concerns that the student will have any difficulty with any of the behaviour requirements detailed in the EiT Junior Student Handbook**[ ]**

If you do have concerns about behaviour/support needs, please give details below. EiT will try to support students but it is essential that we have clear and honest information about them.

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**SWIMMING:** The Activity Programme may contain trips to the swimming pool/watersports or beach activities. Please tick the box to confirm that the student isable to swim 50 metres without buoyancy aids. **[ ]**

**MEDICATION:** I consent to essential medical information being given to selected staff. I confirm that the student is able to self-medicate (if this is necessary), and will be responsible for their own medication. **[ ]**

Children who are prescribed medication should bring a doctor’s letter with the name of the medicine, the dosage and the name of the condition for which it has been prescribed, in English. This is in case a child needs medical attention whilst in England.

Please give details of known allergies, disability, any recent illness, operations, recent accident or hospital investigations and any treatments in the below form. Please also include any dietery needs (e.g. vegetarian, no pork)

Certain medical conditions may require information to be given to selected members of staff.

**I accept the conditions above.**

**Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PHOTOGRAPHY**: *EiT may photograph or video students in accordance with EiT’s photography and videoing policy detailed in the EiT Junior Student Handbook. Please tick this box if you* ***DO NOT*** *agree to this.* **[ ]**

|  |
| --- |
| **DETAILS OF MEDICATION OR EXISTING MEDICAL CONDITIONS** |
| **Name of Student** |  |
| **Details of existing medical conditions** |  |
| **Name of medication** |  |
| **Reasons for medication** |  |
| **Frequency of dosage** |  |
| **Dietary Needs (e.g. Vegetarian, No pork)** |  |
| **Extra Information/allergies** |  |

*Please send a doctor’s letter or pharmacy notes as appropriate.*

**Questionnaire- to be completed by the student**

Please tell us about yourself by filling in this pre-course questionnaire. Don’t forget also to complete our Online Test. Complete the sentences below;

|  |  |
| --- | --- |
| **My name is …** |  |
| **In my free time …** |  |
| **I’ve never …** |  |
| **Last year …** |  |
| **In the future …** |  |

Please tell us about why you want to study English. Complete the sentences below;

|  |  |
| --- | --- |
| **I need English for …** |  |
| **I can …** |  |
| **I want to improve …** |  |
| **I find it difficult to …** |  |
| **By the end of the course, I hope …** |  |

**Letter of Consent for under 18 to travel abroad unaccompanied**

If you are travelling to EiT without your parent, then you may need to tell the UK Border Agency where you are studying and staying whilst you are in the UK. Please complete and bring this form with you to show the UK Border Agency, together with your Homestay letter.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern,

This is a letter of consent to confirm that my son/daughter named

…………………………………………………………………………………………………………..

is visiting the U.K. to attend a course of English language study at English in Totnes.

Centre name: English in Totnes

Centre address: The Gate House, 2 High Street, Totnes, Devon, TQ9 5RZ

Dates of stay: From:………………………………To:…………………………….

My son/daughter will be met and collected from the airport/train station by trained English in Totnes Meet & Greet personnel who will be waiting at the Arrivals Hall. The student will be accompanied by English in Totnes staff to Totnes to begin the course.

English in Totnes is accredited by the British Council for the teaching of English as a foreign language.

Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date