



DEADLINE FOR APPLICATIONS: 31st May 2024
ALL STUDENTS MUST COMPLETE THIS FORM (3 PAGES)

Are you travelling as part of a group or individually? Group Individual

If as part of a group, please specify Group name: _____

Contact Details

First name	
Surname	
Mobile <i>(including country code)</i>	
Email address	
Date of Birth <i>(dd/mm/yyyy)</i>	
Nationality	
Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Parent/Guardian's name	
Emergency contact number <i>(including country code)</i>	
Level of English <i>(e.g. Poor/Good/Advanced)</i>	

Important Information

Do you have any allergies? Yes
If Yes, please specify: No

Please give us details on the procedure to follow in case of an allergic reaction:

(eg: EpiPen, where medication is kept, etc)

Are you taking any medication? Yes
If Yes, please specify: No

How do you store your medication?
(eg: refrigerator, locked medicine box, bedside table, etc)

Do you use any medical instrument? Yes
If Yes, please specify: No
(eg: syringe, inhaler, etc)

Important Information

Please let us know of any Medical or Important information that we need to be aware of:

Do you require a Special Diet? Yes
If Yes, please specify: No



Course Details

Airport Transfer

Start Date <i>(dd/mm/yyyy)</i>	
End Date <i>(dd/mm/yyyy)</i>	
Type of Course <input type="checkbox"/> Language & Fun Activity Program <input type="checkbox"/> Teen Entrepreneur Program <input type="checkbox"/> Full Immersion (No classes) <input type="checkbox"/> Part of Group: _____ <i>*indicate group name</i>	
Course Duration	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 5 weeks

Point of Departure	
Arrival Date <i>(dd/mm/yyyy)</i>	
Arrival Time	Flight Number
Return Destination	
Departure Date <i>(dd/mm/yyyy)</i>	
Departure Time	Flight Number
Will the student be travelling as an unaccompanied minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

About You

Please tell us about yourself!

Any Additional Information



CANCELLATION POLICY

Cancellations before arrival

- For cancellations more than 10 working days before arrival, a €150 non-refundable application fee will apply and any remaining amount paid will be refunded.
- For cancellations between 10 days before arrival and date of arrival, the €150 non-refundable application fee and 40% of the total fee will be charged.*

* For cancellations due to medical reasons there is no cancellation fee other than the €150 application fee. A doctor's letter must be provided in this case.

Cancellations after arrival

- If a student abandons the program to returns home after arrival and starting school, there is no refund.
- If a student must return home early due to medical reasons, the remaining unused fee will be refunded minus a 10% Administration Fee.
- No refund is given in the case of a student being expelled from school.

Declaration & Signature

I understand that my son/daughter must obey Irish law, Equinox Education Services Ltd Rules, School Rules, and those set by their Host Family during their stay. I understand that my son/daughter does not have permission to travel independently outside the Summer Camp locations.

If my son/daughter causes any damage to Host Family or School Property, I agree to pay in full for such damages caused.

I confirm that my son/daughter is in fit condition to study overseas independently and that any medical and psychological issues that may affect his/her ability to study/live in Ireland have been fully divulged to Equinox Education Services Ltd.

In the event my son/daughter is injured or becomes ill while in Ireland, I hereby give my consent for them to receive professional medical attention.

Student Name	Signature of Parent/Guardian
Passport Number	Date <i>(dd/mm/yyyy)</i>

Our complete Privacy Policy is available on our website www.equinoxlearnabroad.com.