

**APPLICATION FORM**  
(Please complete in black ink)

<b>Type of Programme:</b> Individual Homestay <input type="checkbox"/> Language <input type="checkbox"/> Academic Year <input type="checkbox"/>		
<b>Personal Information</b>		
First Name	Last Name	Date of Birth (Day/Month/Year)
Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address Line 1		Address Line 2
City/Town	County	Post Code
Passport Number		Passport Expiration Date
Telephone Number		Fax Number
Email address		Mobile Number
Occupation		Please describe the nature of your work or studies
<b>Emergency Contact</b>		
First Name	Last Name	Relationship to you
Address Line 1		Address Line 2
City/Town	County	Post Code
Home Telephone Number		Work Telephone Number
Email address		Mobile Number
<b>Background Information</b>		
Have you been a participant in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list the year/years that you have participated in the past
When do you want to start your programme?		When do you want to return?

What do you hope to achieve from your programme?	
<b>Health Information</b>	
Do you have allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list allergies and describe your reaction and treatment
Do you take regular medications or drugs <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list medications and conditions being treated
Do you have any special dietary requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are they?
In the last 12 months, have you needed Treatment, counselling or hospitalisation for a psychiatric condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give basic details
In the last 12 months, have you been hospitalised or received treatment for any medical condition <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give basic details
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give basic details
Are you presently recovering from an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give basic details
Do you now have, or have you been recently exposed to a transmissible disease or infection? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give basic details
<b>Personal Doctor Contact Information</b>	
Name	Telephone
Email	Fax
<b>Please note that all applicants will be interviewed to ascertain suitability. We will try to arrange the interview as close to your home as possible but you may have to travel a little way.</b>	
<b>Agreement:</b> In agreement of the acceptance by EIL of the applicant, I agree to the booking conditions and acknowledge that I have read and understand them thoroughly. EIL is a limited liability company registered in England and Wales, formed to promote international understanding and to further the aims of the Experiment in International Living. All contracts relating to this application form will be made with EIL.	
Signature (if over 18) .....	Date .....
Parent/Guardian (if under 18) .....	Date .....
<b>NB Individual/language and Academic Year programme deposit is 50% of the total programme fee. Cheques payable to EIL</b>	

Please use this page for your '*dear family*' letter. This together with your photographs, will be given to your host family as a way of introducing you and your interests. Describe your home life, your family and tell them about your home town and the surrounding area. Be specific regarding any dietary and medical needs you may have or any other information you feel your host country should know about you.

Please print your name here .....

**Return to:-** EIL 287 Worcester Road, MALVERN, Worcestershire. WR14 1AB

**ph:** 01684 562577

Don't forget!! Attach one passport photograph plus one informal photograph



## TRUTH IN DISCLOSURE

I declare that the statements and declarations I have made on this form as submitted \_\_\_\_\_ (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) are true and accurate and that my statements fully disclose the information requested to the best of my knowledge.

I understand that providing false or misleading information to EIL and its authorised representatives may lead to non-acceptance or early dismissal from the EIL programme.

I understand that all information disclosed by me in the form will be kept confidential and shared only as necessary by authorised representatives of EIL, and that I may review and correct information I have provided at any time.

\_\_\_\_\_ Name (printed)

\_\_\_\_\_ Signature

\_\_\_\_\_ Date