

INVESTIN IMMERSIVE CAREER EXPERIENCE 2027

STUDENT REGISTRATION DETAILS

First Name _____ Family Name _____

Preferred Name _____ Gender ☐ Boy ☐ Girl

Date of Birth Nationality _____

Student Current School _____ Year / Grade _____

Phone Number _____

Student Email Address _____

Home Address : _____

EMERGENCY CONTACT (PARENT)

First Name _____ Family Name _____

Relationship to student _____ Phone Number _____

Email Address _____

COURSE & DATE

Career _____

- ☐ 2 Weeks Standard Programme
- ☐ 2 Weeks+ Programme (with UCAS 8 Points)
- ☐ 2 Weeks Enhanced Programme

• Age 15 - 18 years old

- ☐ 4 July - 17 July 2027 (6 Careers available)
- ☐ 18 July - 31 July 2027 (15 Careers available)
- ☐ 15 August - 28 August 2026 (5 Careers available)

More Detail



MEDICAL DATA

Please answer the following questions.

1. Allergies or sensitivity to food. Please state reaction and treatment required.

2. Dietary requirements. Please state whether you have any dietary requirements?

3. Other allergies. Please state reaction and treatment required.

4. Any ongoing medical condition that needs medical treatment. Please state treatment required and any medications related to this.

5. Is there anything else you feel we should know about?

Parent's Signature_____

Student's Signature_____

Date_____

More Detail

