



Questionnaire to be a part of the Orca Foundation program

1. First and last Name
2. Surname
3. Language/s
4. Gender
5. E-mail
6. Address
7. Town
8. County Post Code
9. Daytime Phone Mobile
10. Date of Birth
11. Nationality
12. Passport Number
13. Special Dietary Requirements?
14. Allergies
15. Other Medical Conditions
16. Next of kin name & contact number
17. What are you currently doing with your life ?.(study, work, holiday)
18. What do you hope to gain by being a part of this program?(be as expressive as you can)
19. The Orca Foundation offers you basically three alternatives. Please advise which would best suit you. Option 2,4 or 8 weeks
20. When were you thinking of joining us?