

This form must be completed by each student participating in an out of province travel activity. Student travel can take a number of forms including a study semester abroad at a partner institution, a work or volunteer placement, experiential learning, service learning or a study tour. This form must be submitted to the attention of **Rebecca Fitzgerald, Manager, International Mobility and Partnerships** at the **International Centre** ([rebecca.fitzgerald@humber.ca](mailto:rebecca.fitzgerald@humber.ca)) at least **three weeks prior to departure** and must be accompanied by your:

- full travel itinerary*
- passport* (for out-of-country travel)
- relevant country-entry visas* (if applicable)
- immunization record* (if applicable)
- health insurance information*
- medical disclosures* (Appendix "A": Health Information Form)
- additional placement information* (ex. Employer Agreement)

## **A** STUDENT INFORMATION:

Family/Last Name		First Name			
Second Name		Date of Birth	Day	Month	Year
N Student Number	Email	Phone Number			
Current Address			Apt. Number		
City	Province	Country	Postal Code		
Citizenship		OHIP Number (if Canadian Citizen/Permanent Resident of Ontario)			

## **B** PLACEMENT INFORMATION: ACTIVITY NAME: \_\_\_\_\_

ACTIVITY COORDINATOR: \_\_\_\_\_

ACADEMIC SCHOOL / PROGRAM: \_\_\_\_\_

**Travel dates** Departure (D/M/Y): \_\_\_\_\_, Return (D/M/Y): \_\_\_\_\_

\_\_\_\_\_  
Name of External Partner (Travel Agency, Institution, NGO, Employer etc.)

\_\_\_\_\_  
Phone Number Address

\_\_\_\_\_  
City Country Postal Code

\_\_\_\_\_  
Contact Name Contact's Phone Number Contact's Email

**Out of Province Accommodation Information (attach additional information as needed):**

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Address	Apt. Number		
City	Province	Country	Postal Code
Email	Phone Number		

**C TRAVEL INFORMATION**

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Flight/Travel Details (*attach a copy of Flight/Travel itinerary*)

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Passport Number, (*attach a copy of photo page and relevant visas*) *Expiry*

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Health/Travel/Medical Insurance type and policy # (*attach a copy of policy*) *Valid From* *To*

**D EMERGENCY CONTACT INFORMATION:** The person you authorize Humber to contact in the event of a critical incident while you are out of province.

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Name	Relationship
Telephone	Email

**E DECLARATION OF RESPONSIBILITIES**

I AGREE TO ADHERE TO THE COLLEGE POLICIES, PROCEDURES AND FOLLOW THE HUMBER STUDENT CODE OF CONDUCT THROUGHOUT THE TRAVEL ACTIVITY.

PRIOR TO DEPARTURE I WILL FAMILIARIZE MYSELF WITH AND ADBIDE BY ALL THE LOCAL LAWS AND CUSTOMS THROUGHOUT THE TRIP.

I HAVE DISCLOSED ALL HEALTH RELATED ISSUES AND ANY CURRENT MEDICATIONS THAT I AM TAKING TO THE ACTIVITY COORDINATOR.

I TAKE FULL RESPONSIBILITY FOR ENSURING THAT ALL REQUIRED INNOCULATIONS ARE UP TO DATE.

I UNDERSTAND THAT IS MANDATORY THAT I BE COVERED BY COMPREHENSIVE TRAVEL MEDICAL INSURANCE WHILE OUTSIDE OF ONTARIO, FOR WHICH I AM PERSONALLY RESPONSIBLE AND WILL PROVIDE A COPY TO THE INTERNATIONAL CENTRE PRIOR TO TRAVEL. IT IS RECOMMENDED THAT I PURCHASE ADDITIONAL TRAVEL AND TRIP CANCELLATION INSURANCE FOR WHICH I AM PERSONALLY RESPONSIBLE.

I WILL ACT SAFELY AND IN A RESPONSIBLE MANNER AND EXERCISE GOOD JUDGEMENT AT ALL TIMES TO PREVENT HARM TO MYSELF AND OTHERS.

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I WILL MONITOR TRAVEL ADVISORIES FROM GLOBAL AFFAIRS CANADA, AND FOLLOW RELEVANT RECOMMENDATIONS AND WARNINGS.

I UNDERSTAND AND AGREE THAT THE COLLEGE AND ITS EMPLOYEES ARE NOT RESPONSIBLE FOR MY SAFETY AND SECURITY DURING MY OUT OF PROVINCE TRAVEL ACTIVITY.

I UNDERSTAND THE TERMS AND CONDITIONS AS STATED ABOVE AND ACKNOWLEDGE THAT IF I DISREGARD ANY OF THE ABOVE RULES MY PARTICIPATION IN THE PROGRAM MAY BE TERMINATED AND I MAY BE REQUIRED TO RETURN TO TORONTO AT MY OWN EXPENSE.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

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## Appendix A: Health Information Form

Congratulations on your acceptance into a Humber education abroad program. **Your health, safety, and overall wellbeing are important to us.** The challenges of travelling and adjusting to living and studying in a foreign country can exacerbate even mild physical and mental health conditions. **To effectively manage health and safety risks, it is important that the College be made aware of any conditions, past or current, which might affect you during your time abroad.**

**Purpose:** By providing us with the information requested below, you can help your Activity Coordinator advise you of the potential health and safety difficulties that you and/or your group may encounter while abroad, and provide appropriate assistance should the need arise during your experience, where possible.

**NOTE:** *This form will be shredded and/or deleted by your Activity Coordinator at 30 days of the completion of your education abroad activity.*

### Self-Assessment

#### Medical Conditions:

- Yes  No Do you have any **pre-existing conditions** or **history of physical and/or mental health conditions**?
- Yes  No Do you have any severe or life-threatening **allergies**?
- Yes  No Do you currently receive any **treatments or medications** on a **regular basis**? (You do not need to report routine prescriptions such as birth control pills)
- Yes  No Have you recently had **major surgery, or been advised to have one**?
- Yes  No Do you have any **dietary restrictions** that might impact your participation in this program? (I.e. Are you vegan, vegetarian, or on a restricted diet? You may be in a country that does not have the same selection of foods that are available to you at home.)

#### Access:

- Yes  No Do you have any **physical limitations or disabilities**?
- Yes  No Will your **fitness level affect your ability to fully participate in the program**? (You may need to climb stairs, walk long distances on uneven road surfaces, carry luggage, etc.)

#### Learning:

- Yes  No Do you have any **struggles or barriers to learning** that require accommodation to support your ability to complete the learning outcomes associated with the program? (You may be in a country or institution that does not provide the same level or type of support services as Humber.)

#### Other:

- Yes  No Are you currently registered with **Humber Disability Services**?
- Yes  No Are there any other concerns regarding your **health, family history or other matters** that you would like to discuss?

If you answered "YES" to any of the previous questions, please provide specific details below **AND/OR** make an appointment to meet with your Activity Coordinator to discuss further.

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The College is collecting his information under the authority of section 2 of the *Ontario Colleges of Applied Arts and Technologies Act, 2002* so it can identify and address potential health and safety difficulties both proactively in advance of travel and while overseas. It may also use this information to provide you with accommodation and improve your learning experience.

The College will keep all information it collects secure and use and disclose this information in compliance with the *Freedom of Information and Protection of Privacy Act (FIPPA)*.

By signing below you:

- Certify that the information you have provided is complete and accurate;
- agree to notify your Activity Coordinator of any changes that occur prior to the start of the program;
- agree that any failure to provide this information in a timely manner or any provision of incomplete or inaccurate information may jeopardize your ability to participate in the program; and
- Consent to the routine disposal of this information at 30 days of the completion of your education abroad activity.

If you have any questions please contact **Rebecca Fitzgerald, Manager, International Mobility and Partnerships** at the **Lakeshore International Centre – H100A**. E-mail: [rebecca.fitzgerald@humber.ca](mailto:rebecca.fitzgerald@humber.ca)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Number:   N  \_\_\_\_\_

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