

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) 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):

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

C TRAVEL INFORMATION

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

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

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.

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 THAT MAY BE RELEVANT TO MY PARTICIPATION IN THE TRAVEL ACTIVITY TO MY ACTIVITY COORDINATOR.

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

I HAVE BEEN ADVISED BY THE COLLEGE THAT I AM COVERED BY LIMITED TERM INSURANCE AND IT IS RECOMMENDED THAT I PURCHASE ADDITIONAL HEALTH 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.

I WILL MONITOR TRAVEL ADVISORIES FROM GLOBAL AFFAIRS CANADA, AND FOLLOW RELEVANANT 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.

STUDENT SIGNATURE

DATE

PROGRAM/PLACEMENT COORDINATOR

SIGNATURE

DATE

For administrative use only:

- | |
|---|
| <input type="checkbox"/> Student Travel Insurance Request form sent to Finance on _____ (date) |
| <input type="checkbox"/> Confirmation received from Finance on _____ (date) |

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

Is there any information about your health and wellbeing that your Activity Coordinator should know about before you travel in order to provide appropriate support, where possible? This may include (but not be limited to) dietary restrictions, severe or life-threatening allergies, prescribed medication, and/or requests for special accommodation for physical access and/or support for learning.

Please use the space below provide specific details below AND/OR make an appointment to meet with your Activity Coordinator to discuss further.

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

Participant Signature: _____ Date: _____

Student Number: N _____
