



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 International Centre three weeks prior to departure and must be accompanied by the full travel itinerary, a copy of the student's passport (for out-of-country travel), relevant visas (if applicable), immunizations, insurance information, medical disclosures and any additional placement information.

## **A** STUDENT INFORMATION:

_____		_____			
Family/Last Name		First Name			
_____		_____	_____	_____	_____
Second Name		Date of Birth	Year	Month	Day
_____	_____		_____		
Student Number	Email	Phone Number			
_____			_____		
Current Address			Apt. Number		
_____	_____	_____	_____		
City	Province	Country	Postal Code		

## **B** PLACEMENT INFORMATION:

ACTIVITY NAME: \_\_\_\_\_

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

Out of Province Experience will begin: \_\_\_\_\_, End: \_\_\_\_\_

\_\_\_\_\_  
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

### **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**

\_\_\_\_\_  
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 HAVE BEEN ADVISED BY THE COLLEGE THAT I AM COVERED BY LIMITED 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 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

FORM UPDATE 2011-01-25