



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