

Baraka Laos Volunteer Trip (25th November – 4th December 2017)

Please send this completed form, along with your **cheque** (if applicable) and **passport copy** to:
info@different-travel.com or

The Different Travel Company, 4 Downs Park Crescent, Totton, Southampton, Hampshire, SO40 9GH

Please complete all sections of the form below in **BLOCK CAPITALS**

Your Details

Title (Mr, Mrs Miss, Ms, Dr): _____

First name: _____ Prefer to be known as: _____

Middle names: _____

Surname: _____

Full address and postcode: _____

Email address that you check regularly : _____

Telephone number: _____ Mobile number: _____

Date of birth: (DD/MM/YYYY) _____ Marital status: _____

Gender: _____ Age at time of travel: _____

Occupation and company/institution: _____

Do you have any dietary requirements or preferences (e.g. vegetarian/ allergies)? Yes No

If yes, please specify: _____

If allergies, do you carry an EpiPen? Yes No

Please note: the names given here must be exactly the same as on the passport you will travel with. If you provide the incorrect details any name-change surcharges are payable by you.

Your Passport Details (please enclose a photocopy of your passport photo page)

Passport number: _____ Nationality on passport: _____

Date of passport issue: (DD/MM/YYYY) _____ Date of passport expiry: (DD/MM/YYYY) _____

I have enclosed a copy of my passport: Yes No

We recommend that your passport is valid for six months after the end of the event.
NOTE: If your passport details are changing before departure please indicate this here and apply for your new documents as soon as possible.

Your Next of Kin Details (someone **not** travelling with you that can be contacted in an emergency)

Next of kin full name: _____ Relationship to you: _____

Email address: _____

Telephone (home): _____ Mobile: _____

Telephone (work): _____

Full Address and postcode: _____

Room Arrangements

Accommodation will be on a twin-share basis unless otherwise noted on the trip itinerary. Please state the name of anyone with whom you specifically wish to share.

If you are a couple and would like a double room (if available), please tick this box

If you would like a single room (subject to availability and payment of a single supplement) please tick this box

Travel Insurance Details

You are recommended to purchase travel insurance at the time of booking as this will protect your non-refundable deposit in the event of unexpected cancellation prior to the challenge.

You are responsible for ensuring that **all** activities you undertake during the trip (including community project work etc.) are covered by your insurance policy. If you do not currently have a travel insurance policy please see page 5 for more information.

Travel insurance provider: _____

Travel insurance policy number: _____

Travel insurance 24hr emergency assistance telephone number*: _____

*The 24 hour emergency assistance telephone number is the number that would be called in the event of a medical emergency occurring while you are travelling, for example to arrange airlifting or hospital treatment. This number is NOT your next of kin contact details.

Payments

The total trip cost is £1535 per person.

1) The Deposit (The deposit is non-refundable)

1. I enclose a cheque for the deposit of £150 payable to **The Different Travel Company**. (tick)
2. I wish to pay the deposit of £150 by bank transfer. Please send me details of how to pay this way. (tick)

2) The Trip Cost Final Balance

I will pay the balance of £1385 to The Different Travel Company by Friday 29th September 2017. (tick)

Note: this is the maximum cost; this price may reduce subject to group numbers.

The Project Materials

I understand that a £70 suggested donation is payable online before departure via a Baraka online giving page. Funds will go directly to Baraka Community Partnerships and are used to buy supplies in advance for our project work at the schools and clinic. (tick)

Your Challenge

Where did you hear about this trip?

What made you sign up for this trip?

Have you participated in any volunteering trips or charity challenges before? If yes, please specify.

Medical Declaration Form

It is for your own safety that we find out as much as possible about your medical history to ensure that you can cope with the demands of the trip safely and without risk to your health. Your answers will be treated in the strictest confidence. It is a condition of your registration that you give full and accurate details. If any of these details change you must update us and your travel insurance company. If you tick yes to any of the conditions listed below or have any medical concerns that are not shown below, you are required to provide a doctor's signature to confirm your medical conditions are as stated.

Please complete this form clearly in BLOCK CAPITALS

Full Name: _____

Blood Group (if known) _____

Height: _____

Weight: _____

Trip name: Laos Volunteer Trip

Trip Dates: 25th November – 4th December 2017

Please state whether you suffer from or have ever suffered from any of the following conditions (please tick):

1/ Raised or low blood pressure? Yes <input type="checkbox"/> No <input type="checkbox"/>	2/ Heart or circulatory disease? Yes <input type="checkbox"/> No <input type="checkbox"/>
3/ Epilepsy, seizures, convulsions? Yes <input type="checkbox"/> No <input type="checkbox"/>	4/ Psychiatric/mental illness/depression? Yes <input type="checkbox"/> No <input type="checkbox"/>
5/ Chest or lung disease? Yes <input type="checkbox"/> No <input type="checkbox"/>	6/ Vertigo / Ménières disease? Yes <input type="checkbox"/> No <input type="checkbox"/>
7/ Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>	8/ Joint or back injuries/problems? Yes <input type="checkbox"/> No <input type="checkbox"/>
9/ Allergies (e.g. hay fever, dietary, drugs etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	10/ Asthma, wheezing, shortness of breath? Yes <input type="checkbox"/> No <input type="checkbox"/>
11/ Digestive or bowel disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	12/ Cerebral disease? (e.g. stroke/head injury) Yes <input type="checkbox"/> No <input type="checkbox"/>
13/ Fractures, tendon, ligament/cartilage damage? Yes <input type="checkbox"/> No <input type="checkbox"/>	14/ Surgical operations in last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
15/ Haematological or blood disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	16/ Metabolic or endocrinal disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>
17/ Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	18/ Physical disability or other disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>
19/ Carrier of infectious diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>	20/ Migraine? Yes <input type="checkbox"/> No <input type="checkbox"/>
21/ Hospitalised in last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	22/ Registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
23/ Obesity (BMI of 30 or above)? Yes <input type="checkbox"/> No <input type="checkbox"/>	24/ Awaiting surgery/tests/investigations? Yes <input type="checkbox"/> No <input type="checkbox"/>
25/ Liver problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	26/ Kidney problems? Yes <input type="checkbox"/> No <input type="checkbox"/>
27/ Fainting or blackouts? Yes <input type="checkbox"/> No <input type="checkbox"/>	28/ Any illness or condition not mentioned? Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered **yes** to any questions above, please give as much **specific** information as you can below or on a separate sheet (e.g. severity, duration, on-going or resolved, triggers etc.):

Do you have any phobias (e.g. flying, heights etc.)? _____

Do you regularly and/or currently use any form of medication? If so you must give **specific** details (**including** medicine name, dosage, interactions etc.) below:

The following section should be completed by your doctor/physician if you have answered 'YES' to any of the questions on the medical form above.

The person named above will be participating in an organised trip of 10 days duration during which time he/she will be subject to a variety of living conditions and daily exertion. The itinerary will involve 4 days assisting with community project tasks (painting, basic building, refurbishment etc.) with guidance and under supervision. Participants will be staying in basic hotels. The trip is always within 24 hours any hospital back up. With the above information and taking into consideration the medical history of the participant if there is any matter which you feel that The Different Travel Company Ltd should be aware, please supply details on a separate sheet. If you require any further details please contact The Different Travel Company Ltd on 0788 169 8623 or info@different-travel.com.

I have read the above paragraph and agree that the participant's medical details are correct.

Doctor's Signature: _____

Doctor's Name (Block Capitals Please): _____

Date: _____ Practice Address: _____

Declaration

Important – Please read carefully before signing

I confirm that all the information provided on this booking and medical form is to the best of my knowledge true and correct. My medical declaration is a true and accurate description of my medical history and current condition and I give permission for my GP, consultant or specialist to release information pertinent to the challenge to The Different Travel Company if required.

I understand that by giving false information I endanger both my own safety and that of others on the trip. I take responsibility for ensuring I have sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur. I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and endanger myself and other team members, and that I am responsible for declaring any pre-existing medical conditions directly to my insurance company prior to departure.

I agree to permit first aid trained personnel the opportunity to tend to an illness, injury or any other medical condition as far as their training permits until specialist care can be sought, if required. I agree to accept responsibility for any and all costs associated with any illness, injury or other medical condition that may happen to me during this trip.

Where medical conditions are declared I agree to sign a separate disclaimer in respect of these conditions if required. I understand that this event requires a certain level of fitness and is physically testing and that if I am deemed to be unfit for the challenge I may be asked to leave the group.

I acknowledge that any dietary requirements, including food allergies, will be catered for to the best of The Different Travel Company's, and our local partners', ability however we cannot guarantee that food preparation will have taken place in a contamination free environment.

In the unlikely event of an accident, loss or damage to my personal effects, illness, injury or other untoward occurrence arising from any medical condition, I acknowledge that The Different Travel Company cannot accept any liability or expenses (other than to the extent that death or personal injury arises as a result of its negligence) and I waive all claims against The Different Travel Company in this respect.

I confirm that have read and accept the terms and conditions (available on <http://www.different-travel.com/faq.php#thetours>) and undertake to abide by the rules and conditions. I confirm that I will verify with my current /future insurance company that my policy (will) cover(s) everything involved in the challenge. I understand that The Different Travel Company cannot be held responsible for any loss arising from my failure to ensure I have adequate insurance cover for all activities involved. I understand that single and group photos may be taken of me during the challenge and I am happy for any photographs to be used for marketing and future publications.

Signed

Print Name

Date

Data Protection

Please be assured that we have measures in place to protect the personal booking information held by us. This information will be passed on to the principal and to the relevant suppliers of your travel arrangements. The information may also be provided to public authorities such as customs or immigration if required by them, or as required by law. We will only pass your information on to persons responsible for your travel arrangements. This applies to any sensitive information that you give to us such as details of any disabilities, or dietary/religious requirements. (If we cannot pass this information to the relevant suppliers, whether in the EEA or not, we will be unable to provide your booking. In making this booking, you consent to this information being passed on to the relevant person). For our full privacy policy, please see <http://www.different-travel.com/privacy.php>

PARTICIPANT: THIS IS YOUR PAGE TO KEEP!

TRAVEL INSURANCE

You are **required** to have travel insurance to participate in this trip. **Your insurance policy must cover community project work and/or manual work.** You must provide full details of your chosen travel insurance policy *at least* 3 months before departure but preferably at the time of booking.

We advise that travel insurance is purchased at the time of, or shortly after booking as depending on your policy, **this may protect your deposit** in the event of cancellation as well as protecting you during the trip.

Campbell Irvine Direct policies have been specifically designed to cover unique trips. They offer a comprehensive volunteer travel insurance policy, 24-hour Worldwide Emergency Medical Service is supplied, and you are automatically covered for activities such as manual work, trekking, extreme sports and - should you want to - even bungee jumping!

For further details contact Campbell Irvine Direct on 020 7937 6981 and request a quote for a trip organised by 'The Different Travel Company' or refer to their website www.campbellirvinedirect.com/differenttravel

FINANCES

Your deposit of £150 paid at the time of the booking is non-refundable. It is important to have travel insurance to protect the loss of your deposit in the event of you cancelling due to unexpected events such as illness, injury or bereavement etc.

Your final balance of £1385 must be paid in full to The Different Travel Company at least 8 weeks before departure (Friday 29th September 2017) so your travel arrangements can be finalised.

Note: £1385 is the maximum cost; this price may reduce subject to group numbers.

The £70 project donation costs must be paid to Baraka prior to departure using the online giving link you will be provided with.

COMMUNICATION

To retain our environmentally friendly aims of being as paper-free as possible, The Different Travel Company tries to keep all communication electronic (email and phone) so please ensure you have provided your details above and add @different-travel.com to your safe senders email list to avoid emails going into Junk folders.

Your pre-tour information will be emailed to you **8 weeks before departure**, once your final balance has been paid. Your final information with any joining instructions or additional details will be emailed to you **2 weeks before departure**.

If you have any queries, or if any of your details change (e.g. mobile number, medical details) between the time of the booking and departure please contact us on info@different-travel.com.

We wish you a fantastic trip!
The Different Travel Company Team