

Dove House Hospice Trek Machu Picchu

5th – 14th May 2018

Please return this completed form, along with your **cheque** (if applicable) and **passport copy** to:

The Fundraising Team, Dove House Hospice, Chamberlain Road, Hull, HU8 8DH or email fundraising@dovehouse.org.uk

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

Your Details (please complete your name exactly as it appears on the passport you will travel with)

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

First name: _____

Prefer to be known as: _____

Middle names: _____

Surname: _____

Full address and postcode: _____

Email address: _____

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 Epi-pen? _____

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 (REQUIRED): Yes No

NOTE: If your passport details are changing before departure please indicate this here and apply for your new documents as soon as possible.

We recommend that your passport is valid for six months after the end of the event.

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

Travel Insurance Details

Travel insurance is mandatory and you are recommended to purchase this at the time of booking as this will protect your non-refundable registration fee in the event of unexpected cancellation prior to the challenge.

You are responsible for ensuring that **all** activities you undertake during the trip (including airlifting / helicopter evacuation, trekking 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.

Registration Fee Payment Options

The registration fee is payable at the time of booking. The registration fee is non-refundable and is in addition to your sponsorship target.

Option 1: I enclose a cheque for the registration fee of **£395** payable to **Dove House Hospice**. (tick)

Option 2: I wish to pay the registration fee of **£395** by bank transfer (BACS) or cash. Please contact me to arrange this. (tick)

Option 3: I wish to pay the registration fee of **£395** by credit/debit card. (tick and complete below)

Credit/debit card type: _____

Name on card: _____

Card number (16 digits): _____

Start Date: _____

Expiry Date: _____

CSV code (3 digits): _____

Issue Number: _____

House no. where card is registered: _____

Postcode: _____

Sponsorship Payment Details

I understand that my participation in this event is subject to me raising at least **£3,999 sponsorship** for Dove House Hospice and I will pay this to the charity no later than **10th February 2018**. (tick)

I understand that the sponsorship figure is **in addition to, and separate from** the registration fee. (tick)

Your Challenge

Where did you hear about this challenge?

What made you sign up for this challenge?

Have you participated in any treks or 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: Dove House Hospice Trek Machu Picchu

Trip Dates: 5th – 14th May 2018

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

Do you suffer from (now or in the past) any of the following?	Please provide FULL details including medication used (if necessary, continue on a separate sheet)
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 disorder(s) / depression? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5) Vertigo / balance disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6) Fainting or blackouts? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7) Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8) Cerebral disease? (e.g. stroke/head injury) Yes <input type="checkbox"/> No <input type="checkbox"/>	
9) Haematological or blood disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
10) Asthma / lung conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11) Digestive or bowel disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12) Joint or back injuries/problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
13) Carrier of infectious diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14) Registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15) Fractures / tendon, ligament, cartilage damage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
16) Physical disability or other disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
17) Are you pregnant now? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18) Migraine? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19) Allergies (e.g. hay fever, food, drugs etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20) Hospitalised /surgery in last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21) Obesity (BMI of 30 or above)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22) Awaiting surgery/tests/investigations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
23) Any illness or condition not mentioned? Yes <input type="checkbox"/> No <input type="checkbox"/>	
24) Do you take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 a 10-day organised trip during which he/she will be subject to a variety of living conditions and exertion. They will be involved in 2 days supervised community project volunteering (painting, basic building, gardening etc.), followed by 4 days of trekking for up to 8 hours per day involving wide ranges of temperatures and climate and altitudes up to 4600m. Participants will stay in tents. The event is within 24 hours of 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 Different Travel 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.

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.

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. 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 I 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>

ATOL Protection

This flight-inclusive holiday is financially protected by the ATOL scheme. When you pay you will be supplied with an ATOL Certificate. Please ask for it and check to ensure that everything you booked (flights, hotels and other services) is listed on it. Please see our booking conditions for further information or for more information about financial protection and the ATOL Certificate go to: www.atol.org.uk/ATOLCertificate

TREKKER: THIS IS YOUR PAGE TO KEEP!

TRAVEL INSURANCE

You are **required** to have travel insurance to participate in this trip.

You must provide full details of your chosen travel insurance policy *at least* 3 months before departure but preferably at the time of booking as depending on your policy, **this may protect your registration fee** in the event of cancellation as well as protecting you during the trip.

Your insurance policy must include airlifting / helicopter evacuation, trekking up to 4600m altitude, and community project work.

Campbell Irvine policies have been specifically designed to cover unique trips. They offer a comprehensive volunteer travel insurance policy and are underwritten by AXA Insurance (UK) PLC. 24-hour Worldwide Emergency Medical Service is supplied, and you are automatically covered for activities such as manual work and trekking.

For further details contact Campbell Irvine to request a quote by visiting their website www.campbellirvinedirect.com/differenttravel

FINANCES

Your registration fee of **£395** is non-refundable and therefore it is important to have travel insurance to protect you in the event of you cancelling due to unexpected events such as illness, injury or bereavement etc. This must be organised as soon as possible after booking. Please note that the registration fee is separate from and in addition to your minimum sponsorship.

Your minimum sponsorship target is **£3,999** and this must be paid in full to Dove House Hospice at least 12 weeks before departure, **10th February 2018**, in order to confirm your place.

COMMUNICATION

To retain our environmentally friendly aims of being as paper-free as possible, we try to keep all communication electronic so please ensure you have provided your details legibly. If any of your details change (e.g. contact details, passport, medical history) between the time of the booking and departure you must inform us as soon as possible.

Your pre-tour information and final tour information containing flight details and other information pertinent to the trip will be emailed to you. Flight e-tickets will be emailed to you **2 weeks before departure**.

We wish you all the best with your fundraising!