

Nepal Trek Challenge and Hospice Care Project

 11th – 22nd November 2017

Please return this completed form, along with your **cheque** (if applicable), **passport copy** and **passport photo** to:
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 (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 that you check regularly (correspondence will be by email or phone): _____

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: _____

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

 I have enclosed my passport photo: 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, 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 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 any community projects, 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. This number is NOT your next of kin contact details.

The Registration Fee (The registration fee is non-refundable and is separate from the tour cost balance or any sponsorship targets)

1. I enclose a cheque for the registration fee of **£295.00** payable to **The Different Travel Company**. (tick)
2. I wish to pay the registration fee of **£295.00** by bank transfer. Please send me details of how to pay this way. (tick)

The Tour Costs

1. I understand that my participation in this event is subject to me raising at least **£3390.00** sponsorship for my chosen UK charity and paying this to that charity no later than **25th August 2017**. I understand that this figure is **in addition to** the registration fee. (tick)

 The charity I am fundraising for is:
 The name and email address of the charity representative is:
2. I opt to pay my tour costs myself. I will pay the tour cost balance of **£1695.00** to The Different Travel Company by **15th September 2017**. I understand that I can fundraise separately if I wish but any funds raised will not be used to pay for my tour costs. (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: Nepal Trek Challenge with Hospice Care Project

Trip Dates: 11th – 22nd November 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 12 days duration during which time he/she will be subject to a variety of living conditions and daily exertion. The itinerary will involve trekking for up to 8 hours per day for 6 days over some rough terrain, carrying a rucksack between 4-6kg, and involving extremes of temperatures and climate. Participants will be staying in basic homestay accommodation. Food may be cooked on gas burners. The event may be some distance from any hospital back up. After the trek the individual will be involved in manual tasks at a community project including painting, decorating and refurbishment, under supervision with guidance. 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. 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.

We advise that travel insurance is purchased at the time of, or shortly after 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.

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, 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 registration fee of **£295.00** 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.

Sponsorship option: Your minimum sponsorship of **£3390.00** must be paid in full to your chosen charity at least 12 weeks before departure (**25th August 2017**) so your travel arrangements can be finalised.

Self-funded option: Your final balance of **£1695.00** must be paid in full to The Different Travel Company at least 8 weeks before departure (**15th September 2017**) so your travel arrangements can be finalised.

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 **legibly**. Flight tickets and final tour information will all be sent by email unless specifically requested otherwise.

You will be provided with pre-tour information containing flight details and other information pertinent to the trip **8 weeks before departure**, once your minimum sponsorship has been paid to the charity. Flight e-tickets will be emailed to you **2 weeks before departure**.

If any of your details change (e.g. passport details, mobile number, postal address) between the time of the booking and departure you must inform us as soon as possible on info@different-travel.com.

If you have any questions about the trip, the kit or would like advice from someone who has experienced this trek themselves, feel free to get in touch with The Different Travel Company on info@different-travel.com!

We are delighted you are joining this challenge!
The Different Travel Company Team