

# Gilly Burn's Ethical Serendipity Palliative Care Teaching/Study Tour

17<sup>th</sup> February – 3<sup>rd</sup> March 2020

Price: £2,095

Please email this completed form and a photo of your passport data page to:

[info@different-travel.com](mailto:info@different-travel.com)

*Alternatively you may post it 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 (which is checked regularly): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Date of birth (DD/MM/YYYY): \_\_\_\_\_

Marital status: \_\_\_\_\_

Gender: \_\_\_\_\_

Age at time of travel: \_\_\_\_\_

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

**If dietary requirements, please specify:**

**If allergies, do you carry an epipen?**

I confirm that my names given above are exactly the same as on the passport I will travel with.

I understand that if I provide incorrect details any name-change surcharges are payable by me.

## Your Passport Details (please attach a copy of your passport data page)

Passport number: \_\_\_\_\_

Nationality on passport: \_\_\_\_\_

Date of passport issue (DD/MM/YYYY): \_\_\_\_\_

Date of passport expiry (DD/MM/YYYY): \_\_\_\_\_

I have attached a photo of my passport data page (REQUIRED): Yes  No

We recommend that your passport is valid for six months from the date of entry into the country.

**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/triple 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, if available, (£545 single supplement applies), please tick this box

## Travel Insurance Details

Travel insurance is mandatory for this tour and should be arranged at the time of booking as this may protect your non-refundable registration fee if you cancel your place prior to the tour.

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

## Payment Schedule

The total price for the tour is £2,095. This is paid in two parts; a non-refundable, non-transferrable deposit, and a final balance.

### 1. The deposit of £195 is payable at the time of booking and there are two payment options:

- I wish to pay the registration fee of **£195** by bank transfer. Please email me details of how to pay this way.  (tick)
- I enclose a cheque for the registration fee of **£195** payable to **The Different Travel Company**.  (tick)

*The deposit is non-refundable, non-transferrable and is separate from the tour cost balance.*

### 2. The final balance of £1,900 is payable no later than 8 weeks prior to departure.

You will receive an invoice by email with payment details and options. The trip cost balance of **£1,900** (plus any add-ons) must be paid by **20<sup>th</sup> December 2019**.  (tick)

# Medical Declaration Form

It is for your own safety that we find out about your medical history. Your answers are 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:** Gilly Burn's Ethical Serendipity Tour

**Trip Dates:** 17<sup>th</sup> February – 3<sup>rd</sup> March 2020

Do you suffer from (now or in the past) any of the following? (if necessary, continue on a separate sheet)	Please provide <b>FULL</b> details <u>including</u> medication used, severity etc.
1) Raised <input type="checkbox"/> or low <input type="checkbox"/> 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? Which type? 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 <input type="checkbox"/> / lung conditions <input type="checkbox"/> ? 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 <input type="checkbox"/> , tendon/ligament/cartilage damage <input type="checkbox"/> ? 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. hayfever <input type="checkbox"/> , food <input type="checkbox"/> , drugs <input type="checkbox"/> 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 an organised 15-day hotel-based tour in India during which time he/she will be taking part in a number of sightseeing, educational and professional activities. The event is within 24 hours of a hospital.

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](mailto: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: \_\_\_\_\_

## 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 tour to The Different Travel Company if required. Where medical conditions are declared I agree to sign a separate disclaimer in respect of these conditions 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.

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/privacy.php>) and undertake to abide by the terms and conditions. I confirm that I will verify with my current /future insurance company that my policy (will) cover(s) everything involved in the tour. 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 tour and I am happy for any photographs to be used for marketing and future publications.

**Signed**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**

**Data Protection** Your data will be held by The Different Travel Company and your contact details passed onto Gilly Burn to provide you with support relevant to this trip. Your data will also be shared with relevant suppliers of your travel arrangements in order to make your arrangements. The information may also be provided to public authorities such as Customs or Immigration if required by them, or as required by law, and may also be used for statistical purposes in the future. If we cannot pass this information to the suppliers necessary to make your travel arrangements, whether in the EEA or not, we will be unable to provide your booking. For our full privacy policy, please see <http://www.different-travel.com/privacy.php>

### **Communication**

If you would like to receive marketing correspondence from The Different Travel Company, please tick here:

Your contact details will never be shared with third parties for marketing purposes.

# PARTICIPANT: KEEP THIS PAGE FOR FUTURE REFERENCE!

## TRAVEL INSURANCE

You are **required** to have travel insurance to participate in this trip. You should provide full details of your chosen travel insurance policy 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 emergency evacuation.

The Different Travel Company is an authorised introducer for **Campbell Irvine Direct travel insurance**. Campbell Irvine policies have been specifically designed to cover unique trips; they offer comprehensive travel insurance policies, 24-hour worldwide emergency medical service and you are automatically covered for activities such as sightseeing, volunteering and more. For further details please visit <http://www.campbellirvinedirect.com/differenttravel>.

## FINANCES

Your deposit of **£195** is non-refundable and non-transferable.

Your final balance of trip costs (**£1,900** plus any add-ons) must be paid no later than 8 weeks before departure (20<sup>th</sup> December 2019).

## COMMUNICATION

The Different Travel Company prefers to keep all communication electronic (email and phone). **Please check your junk mail folder regularly to avoid missing important correspondence.**

Your pre-tour information containing flight details and other pertinent information will be emailed to you **eight weeks before departure.**

If any of your details change (e.g. passport details, mobile number, your health) please contact The Different Travel Company on [info@different-travel.com](mailto:info@different-travel.com).

If you have any questions about what to expect on the tour, how to prepare, or anything else, please contact Gilly on 07770 385685 (phone or WhatsApp) or email [gbestin2020@gmail.com](mailto:gbestin2020@gmail.com).

**We wish you a fantastic adventure!**  
*The Different Travel Company Team*