

World Animal Protection – Elephant Adventure Trek (7 –17 November 2020)

Please email your completed form and a photo of your passport data page to info@different-travel.com.

Please complete all sections of the form below, legibly 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 yes, please specify:

If allergies, will you carry an epi-pen?

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

I understand that my flights will be booked using the names I provide and if I provide incorrect details which incur name-change fees or ticket reissuing, I will be charged for this.

Your passport details (please attach a photo 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

NOTE: If your passport details will change 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 from the date of entry into Thailand.

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

Hotel accommodation is on a twin or triple 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. You should purchase it at the time of booking as this may 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 emergency rescue, trekking, voluntary projects etc.) are covered by your insurance policy. If you do not have an existing travel insurance policy please see page five for more information.

Travel insurance provider: _____

Travel insurance policy number: _____

Travel insurance 24hr emergency assistance telephone number*: _____

** The 24 hour emergency telephone number is the number provided by your insurer to be called in the event of a medical emergency, for example to arrange airlifting or hospital treatment. Please do not provide the sales or customer services helpline.*

Registration fee payment options (please select ONE option)

The registration fee is a non-refundable payment payable at the time of booking and is separate from any fundraising you undertake.

- I wish to pay the **£350** registration fee by bank transfer, please contact me with your bank details (tick)
- I enclose a cheque for the **£350** registration fee payable to **The Different Travel Company** (tick)

Fundraising options

1. Fundraising option

- I pledge to fundraise (or personally contribute) at least **£3,700** to World Animal Protection. I will make this payment to World Animal Protection by **14 August 2020**. (tick)
- I understand that this figure is in addition to, and separate from, the registration fee. (tick)

2. Self-funded option

- I would like to pay all my trip costs myself. I will pay the final trip cost balance of **£1,850** by **14 August 2020**. (tick)
- In addition I pledge to fundraise at least **£1,000** for World Animal Protection by **14 August 2020**. I understand that any fundraising I undertake will not be used to pay for my trip costs. (tick)
- I understand that these figures are in addition to, and separate from, the £350 registration fee. (tick)

Your challenge

Where did you hear about this trip?

What made you sign up?

Have you participated in any treks or challenges before? If yes, please specify.

Medical declaration form

It is for your safety that we find out 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: Volunteer with Elephants

Trip Dates: 7 – 17 November 2020

Do you suffer from (now or in the past) any of the following? (if necessary, continue on a separate sheet)	You must provide FULL 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? Type 1 or 2? 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"/>	
15a) Fractures <input type="checkbox"/> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15b) Tendon <input type="checkbox"/> / ligament <input type="checkbox"/> / 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. 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 ten day organised tour during which time he/she will be subject to a variety of daily exertion in temperatures between 24-32°C. The itinerary involves a variety of activities in Thailand's Khao Yai National park such as jungle trekking, safari drives, visits to wildlife hides and waterfalls etc. Afterwards they travel by overnight train to volunteer at an elephant sanctuary in Chiang Rai where they will have educational lectures and get involved in activities such as gardening, food preparation, harvesting and possibly basic refurbishment and building, under supervision and with guidance. No physical contact with the elephants will be had. The event is always 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 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: _____

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: Your data will be shared by The Different Travel Company to the relevant suppliers of your travel arrangements in order to make 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, 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: Your contact details will never be shared with third parties for marketing purposes.
If you would like to receive marketing correspondence from The Different Travel Company, please tick here:

ATOL Protection: This flight-inclusive trip 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.caa.co.uk.

PARTICIPANT: THIS IS YOUR PAGE TO KEEP!

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** if you cancel your place on the trip, as well as protecting you during the trip. Your insurance policy must include emergency evacuation and volunteering.

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

For details visit the Campbell Irvine Direct website <http://www.campbellirvinedirect.com/differenttravel>

Finances

Your registration fee of **£350** is non-refundable and is payable at the time of booking.

Fundraising option:

You have pledged to fundraise (or personally contribute) at least **£3,700** to World Animal Protection. This payment should be made to World Animal Protection by **Friday 14 August 2020**.

Self-funded option:

You have pledged to pay your own trip costs of **£1,850** plus fundraise at least **£1,000** for World Animal Protection by **Friday 14 August 2020**. You will be emailed an invoice with details about how to pay your final balance.

If you have any questions about fundraising, or the work of World Animal Protection, please contact Jane Rockcliffe on 0800 316 9772 or fundraising@worldanimalprotection.org.uk.

Communication

The Different Travel Company tries to keep all communication electronic (email and phone) **so please check your email account junk mail folder regularly to avoid missing correspondence which will be sent by email.**

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

Flight e-tickets will be emailed to you **two weeks before departure.**

If any of your details change (e.g. passport details, mobile number, your health) or you have any questions about the trip, please contact The Different Travel Company on info@different-travel.com.

Thank you for supporting World Animal Protection.