

## The Hospice of St Francis Trek Sahara 10<sup>th</sup> – 17<sup>th</sup> November 2018

Please return this **completed form** with your **passport copy** to:  
**Claire Jones, The Hospice of St Francis, Spring Garden Lane, Off Shootersway,  
 Northchurch, Berkhamsted, Herts., HP4 3GW**

**Please complete the form below in BLOCK CAPITALS**

### Your Details (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: \_\_\_\_\_

Occupation and company/institution: \_\_\_\_\_

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

**If yes, please specify:** \_\_\_\_\_

**If allergies, do you carry an epi-pen?** \_\_\_\_\_

**NOTE:** the names you write here must be exactly the same as on the passport you will travel with. If you provide 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:** Your passport must be valid for six months from the date of arrival.

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

### Your Next of Kin Details (someone **not** travelling with you)

Next of kin full name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Telephone (work): \_\_\_\_\_ Full address and postcode: \_\_\_\_\_

### Room Sharing

Accommodation is twin or triple-share unless otherwise noted in the itinerary. Please state the name of anyone with whom you specifically wish to share:

Are you a couple and require a double room, if available? Yes  No

## Travel Insurance Details

**Travel insurance is required** and should be organised at the time of booking. Your insurance policy must cover emergency airlifting / helicopter evacuation, trekking on recognised trails (this trek is not at high altitude) and community work/volunteering. See page 5 for more information about insurance.

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.

## Your Challenge

How did you first hear about the trek?

What made you sign up?

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

## Registration Fee Payment Options (The registration fee is non-refundable)

- 1) I have enclosed a cheque for **£275** made payable to 'The Hospice of St Francis'  (tick)  
2) I will pay **£275** by credit/debit card and will enter my card details below  (tick)

Credit/debit card type:

Name on card:

Card number (16 digits):

Start date:

Expiry date:

CSV (3 digits on back):

Issue Number:

House no. card is registered:

Postcode:

## Sponsorship Details

I understand that my participation in this event is subject to me fundraising at least **£1,990** for The Hospice of St Francis. 80% of the fundraising target (£1592) must be raised by Friday 17<sup>th</sup> August 2018 and the remaining 20% (£398) must be raised by the date of departure.  (tick)

I pledge to raise more than the minimum sponsorship if I can, and understand that this figure is **in addition to** the registration fee.  (tick)

## Medical 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 without risk to your health. Your answers are treated in the strictest confidence. It is a condition of your registration that you give full and accurate details. If any 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 provide full and accurate details:**

**Full Name:**

**Blood Group (if known)**

**Height:**

**Weight:**

**Trip name:** The Hospice of St Francis Trek Sahara

**Trip Dates:** 10<sup>th</sup> – 17<sup>th</sup> November 2018

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. (continue on a separate sheet if needed)
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? 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 <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 should be completed by your doctor if you answer YES to the questions above:**

The person named above is applying to join an 8 day organised trip during which he/she will be subject to a variety of living conditions and exertion. The itinerary involves desert trekking for up to 8 hours per day for 2 full and 2 half days over rough terrain, carrying a rucksack weighing 4-6kg and involving extremes of temperatures (38C highs, 0C lows). Participants will camp in tents. The event will be within 24 hours of hospital back up. After trekking they will be involved in 2 days' basic supervised manual work (e.g. painting, gardening) in Marrakech at a community project. With the above information, and considering 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 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:

## Agreement (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>

**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](http://www.atol.org.uk/ATOLCertificate)

## TREKKER:

**You should keep this page for your future reference!**

### Travel Insurance

**Did you know?** Travel insurance may protect your non-refundable registration fee in the event of your cancellation, in addition to protecting you during the trip.

You are **required** to have travel insurance. Please provide full details at the time of booking, or as soon as possible after booking. Your insurance policy must include emergency helicopter evacuation, manual work and trekking (please note you **do not** trek at altitude).

**Campbell Irvine** policies have been specifically designed to cover unique trips. They offer a comprehensive volunteer travel insurance policy and 24-hour Worldwide Emergency Medical Service is supplied. You are automatically covered for activities such as manual work, trekking, and extreme sports. For further details contact Campbell Irvine Direct and request a quote for a trip organised by Different Travel <http://www.campbellirvinedirect.com/differenttravel>.

### Finances

Your registration fee of **£275** is non-refundable. 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.

Your minimum sponsorship is **£1,990**. 80% of this must (£1592) be paid to The Hospice of St Francis by Friday 17<sup>th</sup> August 2018 and the remaining 20% (£398) by the date of departure.

### Communication

To meet their environmentally friendly aims of being paper-free, The Different Travel Company tries to keep all communication electronic (email and phone). Please add [@different-travel.com](mailto:@different-travel.com) to your email 'safe sender' list to avoid missing correspondence which will be sent by email.

Your pre-tour information containing flight details and other important information will be emailed **eight weeks before departure** once your minimum sponsorship has been sent to the charity. Flight e-tickets will be emailed to you **two weeks before departure**.

If any of your details change (e.g. passport details, mobile number, medical health) between the time of the booking and departure you must inform The Different Travel Company as soon as possible on [info@different-travel.com](mailto:info@different-travel.com).

If you have any questions about the trip, the kit or would like advice from someone who has experienced this challenge themselves, feel free to get in touch with Different Travel on [info@different-travel.com](mailto:info@different-travel.com).

**We look forward to you joining us on the trip!**