

Student Application Form

APPLICANT DETAILS

Please complete this form clearly in **BLOCK CAPITALS**

Applicant Surname as shown on passport:	Gender: M / F / Other	Applicant Preferred First Name for Correspondence:
Given Name(s) as shown on passport:	Date of Birth (dd/mm/yyyy):	Applicant E-mail for Correspondence:
School:	Year of Travel:	Destination:

Please attach a photocopy of your passport page with this booking form. This information is entered into your airline reservation on your behalf. Please note your passport must have a minimum of 6 months' validity from the final day of the trip. If you renew your passport in the lead up to the expedition, please provide a copy via post or email.

PARENT/GUARDIAN DETAILS

Details of applicant's parent(s) or guardian(s) signing this form, to whom all correspondence will be addressed

Parent(s) / Guardian(s) Full Name:	Title(s) (Mr, Mrs, Ms, Dr):	Parent/Guardian E-mail(s) for Correspondence:
Contact Telephone Numbers:		Address for Correspondence:
Mob Tel No(s):	House No./Name:	
Home Tel:	Address Line 2:	
Work Tel:	Town/City:	Postcode:

NEXT OF KIN

Please provide details of a next of kin who will be our primary contact to communicate with in case of emergency during the trip dates

Full Name:	Title:	Relationship to Applicant:
Emergency Contact Tel(s):		

CAMPBELL IRVINE TRAVEL INSURANCE COVER

The school has agreed to use our specialist adventure travel insurance with Campbell Irvine. This includes 24-hour medical emergency assistance and repatriation. This travel insurance and cover is included in the price of the trip.

ASDAN UNIVERSITIES AWARD

You automatically receive the Universities Award from this trip. UCAS advise students to include this Award on your UCAS Personal Statement or CV to enhance your application.

PRE-EXISTING MEDICAL CONDITIONS

It is a condition of booking with Global Action Limited that **you must disclose to us in writing any physical or mental condition** for which you are currently taking prescribed medication, or if you have visited a medical practitioner in the past 12 months. Your failure to do so may result in your trip being cancelled without refund.

Please circle "YES" if you would like an ASDAN Universities Award, and the cost of £29 (covering certificate and postage) will be collected from you on your final invoice.

YES

NO

IMAGE USE CONSENT

Our Expedition Leaders and Ground Partners may take photos of the expedition, for Global Action Ltd to use on our website and other marketing materials. Please read the following declaration and circle as appropriate.

I hereby grant full rights to Global Action Ltd to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for marketing and publicity purposes. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, and press releases.

YES

NO

Please **COMPLETE AND SIGN** the Global Action Medical Declaration overleaf, and include any relevant information relating to dietary restrictions, allergies, and pre-existing medical conditions.

DEPOSIT ENCLOSED

Y / N Amount:

Bookings are confirmed on receipt of the deposit.

PLEASE CONTINUE OVERLEAF

PAST MEDICAL HISTORY

Please indicate if you have ever had, or continue to have any of the following medical conditions

Condition	Tick
Respiratory illness such as asthma	
Diabetes	
Epilepsy or fits	
Gastro-intestinal problems, including food intolerances	
Radiotherapy, chemotherapy, immunosuppression or steroid treatment	
Mental Health problems e.g. depression, anxiety, deliberate self-harm or eating disorders	
Surgical operations	
Admissions to hospital	
Any other significant medical history not yet mentioned	

If you have ticked any of the above, please provide details here:

Please continue on a separate sheet if necessary

Please give details of any prescribed medication you are taking, including inhalers, the pill, skin cream, or any occasional medication

Please continue on a separate sheet if necessary

Please give details of any allergies, including penicillin, asthma, eczema, hay fever, or food allergies

Global Action will make every effort to inform airlines and ground partners of all declared food allergies and make arrangements accordingly, however we cannot guarantee that all foods will be 100% allergen free.

Please indicate your weight:	kilograms	Please indicate your height:	metres
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Does the applicant have any objections to immunisations?	
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DECLARATION

To my knowledge, the details on this form are true and accurate.

I have read, understood and accept the relevant booking conditions online, at www.global-action.co.uk

I confirm that I am of good mental and physical health and able to complete the outline itinerary given, including all activities therein.

I certify that I have read and understood the information and questions in each box in the Medical Declaration section above and will ensure ALL pre-existing medical conditions are declared to Global Action and the travel insurance provider to ensure I have full travel insurance protection.

I agree to inform Global Action that if there is any change in my: health, medication, allergies, or special dietary information, as soon as possible.

I understand that all information on this form will be shared with Global Action's Medical Advisor and Expedition Leadership Team (including the school teachers and Expedition Leader) as necessary.

I authorise that the trip leader, and School Leader, nominated by Global Action, may sign any consent forms for medical treatment for the student during the trip.

I agree to the student receiving medication, emergency dental, medical or surgical treatment whilst on the trip, including, but not limited to, anaesthetic and / or blood transfusion as considered necessary by the treating medical authorities.

I hereby give my consent for the applicant to apply for a place on the expedition, as per the outline itinerary.

I understand and accept that an applicant's place on an expedition will only be confirmed following medical screening by the Global Action Medical Advisor.

I agree to Global Action processing the information within this application form in accordance with the General Data Protection Regulation (GDPR)
Please tick the box to confirm

Applicant Signature:	Date:	Parent/Guardian Signature:	Date:
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Name (please print):	Name (please print):
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