



## Application Form

provided by Inspire Worldwide

**Please complete all sections thoroughly and clearly using BLOCK CAPITALS.** All information contained on this form will be treated in confidence. Only the Inspire Worldwide Team and Adult Leadership Team will see these details. Information will not be submitted to any organisation outside Inspire Worldwide (except medical information submitted to hospitals or doctors in case of an incident while overseas). The information captured here is subject to the Data Protection Principles set out in the UK Data Protection Act, 1998 as well as the GDPR 2018.

### Personal Details

School Name			
First name: (exactly as shown on passport)			
Surname: (exactly as shown on passport)			
Gender:			
Date of Birth (dd/mm/yyyy):	Age:		
Passport number:	Nationality: (as shown on passport)		
Date of Issue (dd/mm/yyyy):	Date of Expiry (dd/mm/yyyy):		
Any dietary requirements:			

### Participant Contact Details

Home Address:			
Participant E-mail:			
Home phone:	Participant Mobile:		

*Note: If you do not have an email address, please set one up for this trip as all your trip information will be sent by email on a regular basis.*

### Next of Kin/Parental Contact Details (please provide two)

Name of Parent/Guardian:			
Relationship to you:			
Address(es):			
Parent E-mail(s):			
Home phone(s):	Parent(s) Mobile(s):		

*Note: All trip information will be sent to all named next of kin above. If there are any specific reasons why one party should not be contacted except in emergency, please make this apparent.*

## Education and Skills

A-level/GCSE Courses:

Languages:

First Aid:

## Other Information

Please tell us about your interests (e.g. volunteering, sports, Guides/Scouts, DofE, camping), previous travel/participating experience and any other information you think might be useful:

Why do you want to join this trip? (max. 200 words)

What challenges do you think you will face and how will you handle them (max. 150 words)?

What are your ideas for raising your charitable contribution and trip funds (max. 150 words)?

## Medical

Your Health and Safety are of paramount importance to you and us. Please let us know of any known medical conditions (use separate sheet if necessary). It is vital that you declare any medical or psychological conditions, no matter how small. We will let you know if you need to complete a more detailed Medical Declaration.

This information will not be used to exclude you, but rather to ensure you are adequately covered and prepared. Our aim is to be inclusive and support you to be a full part of this experience. Please also note that failure to disclose a medical condition may invalidate any travel/medical insurance cover. If you develop a condition or undergo any treatment after you have booked please inform Inspire in writing as soon as possible.

**If you do not declare a pre-existing medical condition and it comes to light whilst you are overseas, we reserve the right to remove you from the Trip for your health and safety and that of your team.**

**Have you ever suffered from:** (tick or cross as appropriate)

Diabetes?       Epilepsy?       Heart Condition?       Recurrent back/joint problem?

Asthma?  **Note: If you have ticked asthma, please complete the extended Asthma questionnaire on Page 4.**

Have you ever suffered from heat exhaustion, heat stroke or any other heat-related illness?

Are you allergic to any drugs?       Do you have any infectious diseases?

Do you have any other allergies?       Do you presently take any medication?

Are you currently receiving any medical treatment or investigation?

Have you ever been admitted to hospital for any reason?

Do you object to any form of medical treatment including blood transfusions or immunisations?

Have you ever had an operation (if so, please give details below)?

Do you have, or have you ever suffered from any form of anxiety, depression or other mental health problem?

Do you suffer, or have you suffered from any physical, mental or other disability?

Do you suffer, or have you suffered from any form of psychological illness, including self-harm or an eating disorder?

Do you have any dietary requirements?       Is there anything else we should be aware of?

**NB: Please note that failure to disclose the information requested on this form may jeopardize the validity of any medical insurance as well as your ability to take part in the trip and or/trip activities.**

**If you ticked any of the above please provide relevant details (continue on a separate piece of paper if necessary):**

How active are you? (i.e. How often do you exercise?):

Do you have any cultural or religious requirements?

**Detailed Asthma Questionnaire (please complete this section if you ticked 'yes' to Asthma above)**

1. At what age were you first diagnosed with asthma?
2. What regular medication do you take (if any) for your asthma? (Please detail names and doses of tablets or inhalers)
3. Have you ever needed to take a course of oral steroids (tablets) for your asthma - if so when and how many times?
4. What is your usual (best) Peak Flow measurement?
5. Have you ever been admitted to hospital overnight with your asthma?
6. How often do you use your blue 'reliever' Salbutamol inhaler during the day?
7. How often do you wake up feeling short of breath and need to use your blue 'reliever' Salbutamol inhaler at night?
8. How many days of school/work have you missed due to your asthma in the last year?
9. Has your asthma stopped you from doing any exercise in the last year? If so please give more details (e.g. What has it stopped you from doing? How many times? Was it just during an excessive exertion? What have you still been able to do?)
10. Is there anything else you feel we should know about your asthma?

*NB. Please note that on the trip the team may be exposed to dusty environments, cement dust, lime and paint. Please let us know if you think this may cause any particular issues for you.*

**Student Consent**

I confirm that all the information provided above is true and correct and I agree to notify the School/Inspire Worldwide if any of the details change between now and when the trip departs. I have read and fully understand the Trip Summary and understand the conditions and type of trip I am hoping to undertake. I have also read the Volunteer Code of Conduct and agree to abide by its terms whilst I am on the trip with Inspire Worldwide. I am aware that if I break the Volunteer Code of Conduct I may be removed from the trip and sent home at my parent/guardian’s expense. I agree to Inspire Worldwide contacting my parents/guardians to discuss any medical condition that I have declared on this form, or that may arise during the trip. I agree to Inspire Worldwide contacting me by telephone, email or post.

Signature of Participant:

Date:

**Parental/Guardian Consent**

**If you are currently under 18, a counter signature by a parent or guardian is also required:**

I confirm that all the personal and medical information provided above is true and correct and I agree to notify the School/Inspire Worldwide if any of the details provided change between now and when the trip departs.

I have read and fully understand the Trip Summary and Volunteer Code of Conduct and understand the conditions and type of trip my son/daughter is hoping to undertake and confirm to the best of my knowledge that they are also fully aware of this. I guarantee that my son/daughter will receive the necessary inoculations required for their trip as recommended by their doctor/local travel clinic. In addition, I acknowledge that it is our responsibility for ensuring that our son/daughter’s passport will be valid for 6 months after the end of the trip, and for acquiring any necessary entry visas as per the immigration requirements of the country they are visiting.

I confirm that I DID/DID NOT (delete as appropriate) attend the Parents Presentation held at the school.

I acknowledge the need for appropriate behaviour. I accept that sanctions will be imposed for breaches of this code and any loss or cost that is incurred. I agree to authorise members of School staff and Inspire Worldwide adult leaders during the course of the visit:

- To act as a prudent guardian would
- To arrange and approve medical treatment for my child in an emergency as is appropriate.
- To dispense minor medication as approved by qualified medical staff.

I agree to Inspire Worldwide contacting me by telephone, email or post for the purposes of this trip.

Signature of Parent or Guardian of the Participant:-

Signature:

Date:

Name:

Relationship to Participant:

**Photo Consent**

I give / do not give\* permission for the School and Inspire Worldwide to use any photographs and video recordings of Participants during the trip for promotional purposes and to reproduce the same (along with any verbal comments, photos or observations acquired from Participants) in any brochure or other promotional literature.

Signed: .....Parent/Guardian

Date: .....

## **Your commitment to us – Inspire Volunteer Code of Conduct**

Whilst you are spending time as a participant with Inspire we ask you to abide by a few regulations.

When working with the local communities you will be seen as a representative of Inspire Worldwide and therefore it is important to us that you provide a positive representation of Inspire in everything that you do.

We therefore ask all Participants to agree to our Participant Code of Conduct:

1. I understand that whilst I am participating I am an ambassador for myself, my family, my School and for Inspire Worldwide.
2. I agree to respect the community, school staff, Inspire staff and other participants and always behave in a generous and patient fashion.
3. I agree to turn up on time, work hard and contribute what I am asked to the best of my ability.
4. I agree to respect myself by working at a pace that is comfortable to me and will not be detrimental to my emotional or physical health.
5. I promise to openly and tactfully share all aspects of my trip, including what makes me nervous, what I don't understand, what I might not approve of or if I am sick, tired, or bored and I agree to inform Inspire staff so they can try and remedy the problem.
6. I agree to try to be patient, open minded, adaptable and enthusiastic.
7. I agree to accept instruction gracefully and act in a professional manner at all times.
8. I will research what medications I need and I will take them as and when I need.
9. I acknowledge that I am fit and healthy and do not anticipate any problems doing manual work.
10. I will not put myself or others at risk of harm and I will consider the impact of my actions and words on others.
11. When I shop I will look for locally sourced items and pay a fair price.
12. I agree not to drink, to buy or be in possession of alcohol whilst on the Inspire trip.
13. I agree not to take, buy or be in possession of drugs whilst on the Inspire trip.
14. I agree to abide by Inspire's dress codes and cultural awareness standards when in the communities with which Inspire works.

I acknowledge that if I break this Code of Conduct, I may be removed from the trip at my parent/guardian's expense.