



links trip APPLICATION

IMPORTANT

This form should be completed in CAPITALS using black ink. Post the completed application to the Links International UK office. Successful UK applicants will be invited to attend a Links Trip Information and Orientation Day. Alternate arrangements will be made for applicants from other countries. Suitability and acceptance for a Links Trip will be determined confirmed after the information and orientation day.

1. TRIP INFORMATION

1.1 Which country or Links Trips are you interested in? _____

2. PERSONAL INFORMATION

2.1 Surname (as it appears on passport) _____

First name/s (as they appear on passport) _____

2.2 Address _____

Postcode _____ Country _____

2.3 Telephone (Day) _____ Evening _____

Mobile _____

2.4 Email _____

2.5 Date of birth _____ Age at time of Links Trip _____

2.6 Nationality _____

2.7 Marital status _____ Do you have children? Yes No

2.8 Passport no. _____ Issue date _____

Expiry date _____ Place of issue _____

2.9 Next of kin or emergency contact.

Name _____ Relationship _____

Address _____

Postcode _____ Country _____

Telephone (Day) _____ Evening _____

Mobile _____

3. MEDICAL INFORMATION

Failure to disclose medical information may result in the cancellation of your place on the Links Trip and you will be liable for all costs incurred by Links International. It is important we know this information so we can assist you. We will make every effort to accommodate those with disabilities but reserve the right to decline applications.

3.1 Do you smoke? Yes No

3.2 Do you drink alcohol? Yes No

3.3 Do you have any physical or intellectual disabilities? Yes No

If yes, provide details _____

3.4 Are you on prescribed medication? Yes No

List all medication/s _____

What is your medication for? _____

Note If you are on medication at the time of trip departure you must inform your Trip Leader.

3.5 Have you had any other form of treatment in the past five years? Yes No

If yes, provide details _____

3.6 Have you suffered from any emotional/anxiety problems or required psychiatric help? Yes No

If yes, provide details _____

3.7 Are you willing to take the required immunisations and anti-malarial treatment? Yes No

3.8 What is your blood group? _____

3.9 GP contact information.

Full name _____

Address _____

Postcode _____ Country _____

Telephone _____

3.10 Special dietary requirements? Yes No

If yes, please specify _____

3.11 List any allergies _____

4. GENERAL INFORMATION

4.1 What language/s do you speak? _____

4.2 Employment status Student Self-employed Employed Unemployed Other

If other, please specify _____

4.3 Give details of trade/profession _____

4.4 Give details of employer/college _____

Can you be contacted at work? Yes No

4.5 How did you hear about Links International? Why do you want to join a Links Trip?

- 4.16 Are you a member of a church? Yes No
 Church name _____ Denomination _____
 Address _____
 Postcode _____ Country _____
 Pastor/Leader/Elder's name _____
 Telephone _____ Email _____
- 4.17 Referee One (a mature Christian or someone who has known you for at least five years)
 Full name _____
 Address _____
 Postcode _____ Country _____
 Telephone _____ Email _____
- 4.18 Referee Two (an employer or professor/teacher)
 Full name _____
 Address _____
 Postcode _____ Country _____
 Telephone _____ Email _____
- 4.19 Have you been police checked to work with children within the last three years? Yes No
- 4.20 Have you read the Links Trip Risk Assessment Policy? Yes No
- 4.21 Have you read Child Protection Policy? Yes No

Once you have completed this form and read the Links Trip Risk Assessment and Child Protection policies, sign the declaration below and return the form to the Links International UK office, along with a copy of your passport information page. We recommend you keep a copy of the application for your records. If you are under 18 years at the time of the Links Trip, a parent/guardian must also sign the declaration.

DECLARATION

I confirm that I completed this application and fully understand its contents. I have checked the information given and to the best of my knowledge confirm it is true and correct.

Applicant signature _____ Date _____

PARENT/GUARDIAN DECLARATION (if applicant is under 18 years of age)

I (full name) _____ give my consent for (applicant) _____
 to participate in the Links Trip. I confirm that I have read and understood the Overseas Policy, Risk Assessment Policy and this completed application. I understand Links International and its appointed Trip Leader/s will take all reasonable care in the supervision of this team but that they cannot be held responsible for accidents which occur when reasonable care has been exercised or if instructions are ignored. I consent to any first aid medical treatment being given and for the Trip Leader to consent to urgent medical treatment requested by medical authorities if a parent/guardian is non-contactable. I confirm that I shall be responsible for any actions and decisions taken by my child which do not comply with those given by the Trip Leader/s.

Parent/guardian signature _____ Date _____

Links International, PO Box 198, Littlehampton, West Sussex BN16 3UQ, England
 +44 (0)1903 778515 | office@linksinternational.org.uk | linksinternational.org.uk