



Southampton Hospital Charity Sahara Challenge

1st – 8th November 2014

Please return this completed form, along with your **cheque** (if applicable) and **passport copy** to:
Southampton Hospital Charity, Mailpoint 135, Southampton General Hospital, Southampton, SO16 6YD

Please complete all sections of the form below in **BLOCK CAPITALS**

1) Your Details (please complete your name exactly as it appears on your passport)

Title (Mr, Mrs Miss, Ms, Dr): _____

First name: _____ Prefer to be known as: _____

Middle names: _____

Surname: _____

Full Address and postcode: _____

Email address that you check regularly (correspondence will be by email or phone): _____

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 (e.g. vegetarian/ allergies)? Yes No

If yes, please specify: _____

Prior to the event we will offer each person the opportunity to share their contact information with other participants. If you would like to share your details please tick relevant boxes below. I am happy for you to share my...

Telephone number Mobile Number E-mail address

2) 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: Yes No

Please note that your passport must be valid for six months after the end of the event. If your passport is due to expire, please make a note above and update us with your passport details as soon as your new documents arrive.

3) Your Next of Kin details (this should be someone who is **not** travelling with you that can be contacted in the event of an emergency)

Next of kin full name: _____ Relationship to you: _____

Email Address: _____

Telephone (home): _____ Mobile: _____

Telephone (work): _____

Full Address and postcode: _____

4) Room arrangements

Accommodation will be on a twin-share basis unless otherwise noted on the trip itinerary. Please state below the name of anyone with whom you wish to share. If you are a couple, please tick this box



5) Travel Insurance details

You are recommended to purchase travel insurance at the time of, or shortly after, booking. You are responsible for ensuring that **all** activities you undertake during the trip (including any community projects, high altitude trekking etc.) are covered by your insurance policy. If you have an insurance policy provided by your bank you may need to provide your account number and sort code instead of a policy number - contact your insurance provider for details. **If you do not currently have a travel insurance policy please see page 5 for more information.**

Travel insurance provider: _____

Travel insurance policy number: _____

Travel insurance 24hr emergency assistance telephone number*: _____

*The 24 hour emergency assistance telephone number can be found within your insurance policy wording document under 'what to do in an emergency', 'emergency medical assistance', 'useful telephone numbers' or similar. This is the telephone number that would be called in the event of an emergency occurring while you are travelling, for example to arrange airlifting or hospital treatment. Please ensure you have provided the correct telephone number.

6) Payment options

The Registration Fee (The registration fee is non-refundable and is separate from any kind of sponsorship.)

- I enclose a cheque for the registration fee of £320 payable to Southampton Hospital Charity. (please tick)
- I would like to pay the registration fee of £320 in cash. Please contact me to arrange a time for me to make this payment. Please do not send cash. (please tick)

The Minimum Sponsorship

I understand that my participation in this event is subject to me raising at least £1,950 sponsorship for Southampton Hospital Charity no later than **Sunday 9th August 2014**. I pledge to continue fundraising after I have reached £1,950.

7) Where did you hear about this tour?

8) Extending your stay

Please tick this box if you would like more information about extending your stay in Morocco for some independent travel.

9) Medical Declaration Form

It is for your own safety that we find out as much as possible 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 one of the conditions 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 suitability for this tour.

Please complete this form clearly in BLOCK CAPITALS

Full Name: _____

Blood Group (if known) _____

Height: _____

Weight: _____

Trip name: Southampton Hospital Charity Sahara Challenge

Trip Dates: 1st – 8th November 2014

1. Please state whether you suffer from or have ever suffered from any of the following conditions (please tick):

1/ Raised or low 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/mental illness/depression? Yes <input type="checkbox"/> No <input type="checkbox"/>
5/ Chest or lung disease? Yes <input type="checkbox"/> No <input type="checkbox"/>	6/ Vertigo / Ménières disease? Yes <input type="checkbox"/> No <input type="checkbox"/>
7/ Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>	8/ Joint or back injuries/problems? Yes <input type="checkbox"/> No <input type="checkbox"/>
9/ Allergies (e.g. hay fever, dietary, drugs etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	10/ Asthma, wheezing, shortness of breath? Yes <input type="checkbox"/> No <input type="checkbox"/>
11/ Digestive or bowel disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	12/ Cerebral disease? (e.g. stroke/head injury) Yes <input type="checkbox"/> No <input type="checkbox"/>
13/ Fractures, tendon, ligament/cartilage damage? Yes <input type="checkbox"/> No <input type="checkbox"/>	14/ Surgical operations in last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
15/ Haematological or blood disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	16/ Metabolic or endocrinal disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>
17/ Are you pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	18/ Physical disability or other disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>
19/ Carrier of infectious diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>	20/ Migraine? Yes <input type="checkbox"/> No <input type="checkbox"/>
21/ Hospitalised in last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	22/ Registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>
23/ Obesity (BMI of 30 or above)? Yes <input type="checkbox"/> No <input type="checkbox"/>	24/ Awaiting surgery/tests/investigations? Yes <input type="checkbox"/> No <input type="checkbox"/>
25/ Fainting or blackouts? Yes <input type="checkbox"/> No <input type="checkbox"/>	25/ Any illness or condition not mentioned? Yes <input type="checkbox"/> No <input type="checkbox"/>

2. If you have answered **yes** to any questions above, please give further details below or on a separate sheet:

3. Do you have any phobias (e.g. flying, heights etc.)?

4. Do you regularly and/or currently use any form of medication? If so please give specific details (including **medicine name, dosage, interactions etc.**) below:

5. 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 participate in an organised trip of 7 days during which time he/she will be subject to a variety of living conditions and exertion. The itinerary involves trekking up to 8 hours per day for 4 days over rough terrain, carrying a rucksack around 5kg and involving extremes of temperatures. Participants stay in tents and food is cooked on gas burners. The trek may be some distance from hospital backup. In Marrakech the group will be involved in basic DIY work, managed by local staff. With the above information and taking into consideration the medical history of the participant if there is any matter which you feel that Different Travel Ltd should be aware, please supply details below or on a separate sheet. If you require any further details please contact Different Travel 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. In my opinion this patient is currently healthy both mentally and physically and able to participate in the event.

Doctor's Signature: _____

Doctor's Name (Block Capitals Please): _____

Date: _____ Practice Address: _____



10) Declaration

Important – Please read carefully before signing

I confirm that all of the information provided by me 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. I understand that by giving false information I endanger both my own safety and that of others on the trip. I agree to take with me 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 understand that Different Travel and Southampton Hospital Charity cannot accept any liability or expenses resulting from any illness, injury or other untoward occurrence arising from any medical condition (other than to the extent that death or personal injury arises as a result of its negligence). I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and that I am responsible for declaring any pre-existing medical conditions directly to my insurance company prior to departure.

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 Different Travel and Southampton Hospital Charity 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



TREKKER: THIS PAGE IS YOURS TO KEEP FOR YOUR FUTURE REFERENCE!

TRAVEL INSURANCE

You are **required** to have travel insurance to participate in this trip. We suggest that travel insurance is purchased at the time of, or shortly after booking as depending on your policy, this will protect your registration fee in the event of cancellation as well as protecting you during the trip. You are required to provide full details of your chosen travel insurance policy as soon as possible after booking.

Campbell Irvine policies have been specifically designed to cover unique trips. They offer a comprehensive volunteer travel insurance policy and are underwritten by AXA Insurance (UK) PLC. 24-hour Worldwide Emergency Medical Service is supplied, and you are automatically covered for activities such as manual work, trekking, extreme sports and - should you want to - even bungee jumping!

For further details contact Campbell Irvine direct on 020 7937 6981 and request a quote for a trip organised by 'The Different Travel Company' or refer to their website

<http://www.campbellirvine.com/asp/quotationChooseSTMT.asp?aid=111>

SPONSORSHIP AND DEADLINES

- 1) You must raise a minimum sponsorship of £1,950 for Southampton Hospital Charity by 9th August 2014.
- 2) Your registration fee of £320 is non-refundable and non-transferrable and therefore 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.
- 3) You are required to provide your insurance policy details as soon as possible after booking and no later than 12 weeks before departure.
- 4) To retain our environmentally friendly aims of being as paper-free as possible, Different Travel tries to keep all communication electronic (email and phone) so please ensure you have provided these details in your booking form **legibly**. Flight tickets and final tour information will all be sent by email unless specifically requested otherwise.
- 5) You will be provided with pre-tour information containing flight details and other information pertinent to the trip 8 weeks before departure upon receipt of final payment of tour costs. Flight e-tickets will be provided 2 weeks before departure.
- 6) If any of your details change (e.g. passport number, mobile number, postal address) between the time of the booking and departure you must inform Different Travel as soon as possible on info@different-travel.com
- 7) If you have any questions you are always welcome to get in touch with Different Travel on info@different-travel.com!