



FICHE D'INSCRIPTION **APPLICATION FORM**

Photo
souriante !

Veillez le remplir à l'encre noire et en anglais

CHOIX DU PROGRAMME <i>CHOSEN PROGRAM</i>	<input type="checkbox"/> Aidez les Eléphants de Thaïlande	<input type="checkbox"/> Suivez les grands prédateurs d'Afrique	<input type="checkbox"/> Sauvez les tortues et la forêt tropicale du Costa-Rica	<input type="checkbox"/> Soutenez les enfants du Népal
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DISPONIBILITE – AVAILABILITY

A quelle date pourriez-vous arriver au plus tôt ? *Earliest date you could arrive ?*

Durée souhaitée *Length of stay*

DETAILS PERSONNELS – PERSONNAL DETAILS

Nom de famille <i>Surname</i>		Prénom <i>First Name</i>	
Date et lieu de naissance <i>Date and place of birth</i>			Age
Nationalité <i>Nationality</i>		Votre profession <i>Your occupation</i>	
N° de Tel. <i>phone #</i>		N° de mobile <i>mobile #</i>	
E mail		Passeport n°	
Adresse <i>Address</i> Ville <i>City</i>		Identifiant Skype <i>Skype ID</i>	
Personne à contacter en cas d'urgence <i>Emergency contact name</i>			N° de mobile <i>Mobile number</i>

EXPERIENCE

Quelles expériences professionnelles avez-vous ? *What professional experience do you have ?*

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.....
.....
.....
.....

Avez-vous une expérience en tant que bénévole ? *Do you have any experience as a volunteer ?* YES NO
Où et quand ? *Where and when ?*

.....
.....

Avez-vous des diplômes de premier secours ? *Do you have any childcare diploma or first aid diploma*

1^{er} secours *1st aid* Natation *Lifeguard*

Autres *Other :*

Niveau de langue :

Excellente
Excellent

Bonne upper-
intermediate

Moyenne
intermediate

Passable pre-
intermediate

Faible
poor

Anglais
English

HEALTH

Souffrez-vous d'allergie, d'asthme, diabète ou autre problème de santé ? *Do you have any allergies, asthma, diabetes or other health problem?* YES NO

Si oui, veuillez préciser *If so, please specify*

.....
.....

Avez-vous un régime alimentaire particulier ? *Do you have any dietary needs ?* YES NO

Si oui, lesquels ? *If so, which ones?*

.....
.....

IMPORTANT : Europair Services ne peut être tenu responsable des accidents, pertes, dommages, plaintes ou dépenses particulières en relation au séjour des participants.

Le chèque de cotisation doit être joint au dossier, mais ne sera encaissé que lors de la confirmation de votre placement. En cas de non placement durant la période de disponibilité indiquée, les frais de cotisation seront intégralement remboursés. En cas d'annulation de votre part, les frais d'adhésion et de cotisation resteront acquis à l'agence et ne seront pas remboursés.

Je m'engage à respecter ces conditions, et certifie que les renseignements ci-dessus sont exacts.

Lu et approuvé

Date :

Signature :

It is important that GVI program staff have all the information they need to ensure your safety and wellbeing whilst on project. Please complete and sign this form, then return a scanned copy **by email** to info@gviworld.com - Failure to do so, and/or failure to disclose complete and truthful information could result in your expulsion from a program without reimbursement.



Medical Details

Version 10.09

Your name: _____

Name of program: _____

Start date: Day / Month / Year

Do you currently suffer, or have you ever suffered, from any of the following: (check box for yes)

- Respiratory conditions including Asthma
- Epilepsy seizures or convulsions, or take medications to prevent them
- Diabetes
- Allergies
- High blood pressure
- Heart condition
- Neurological problems
- Arthritis
- Orthopaedic problems
- Head injury
- Intestinal problems
- Anaemia
- Heatstroke
- Skin disorder
- Dizziness
- Recent surgery
- Back, spinal or limb problems including surgery, injury or fracture
- Cancer
- Eating disorder
- Crohn's Disease
- Do you take any prescription drugs or medication?
- Have you had any psychological / psychiatric illness including panic attacks and depression?
- Do you have any other medical conditions / history which GVI should be aware of?

If you have answered yes to any of the questions, please check the box and give full details below, and/or on a separate sheet if necessary:

Please note: a positive response to a question does not necessarily disqualify you from a GVI program. However, if you have a pre-existing condition you should seek medical advice from your physician / general practitioner prior to commencing your program.

Your agreement

I have read the information and understand the physical and mental demands of this program. I declare that the information on this form is correct and that if any changes occur between now and the start of my program I will inform GVI immediately in accordance with GVI's booking terms and conditions.

I have informed my doctor of the types of activities I will be doing and the location in which I will be staying and have had all recommended vaccinations and preventative medication. I understand that if I have neglected to have all recommended preventative medicines, I will be participating at my own risk, and I may not be permitted to partake in some activities, including the program as a whole, if the field staff decide that it puts other participants at potential increased risk.

I understand it is my responsibility to inform my travel insurance company of any pre-existing medical conditions prior to departure. I authorize GVI to hold and use any medical information declared in this form supplied by me about me and by my doctor. I agree for GVI to pass this information in confidence in the event of a medical emergency to my travel insurers and their appointed agents.

Signed: _____

Print Name: _____

Date: Day / Month / Year

Please note: if you have not ticked any of the boxes or disclosed any pre-existing medical conditions you are not obliged to get your doctor's signature below. However, all participants are obliged to provide the name and contact details of their doctor so we can contact them in case of emergency.

Doctors agreement

_____ (insert name) has informed me of the physical and mental demands of the program which they are joining and I declare that to the best of my knowledge that they are in a good enough physical and emotional state to join the program given the planned trip itinerary*.

Signed: _____

Date: Day / Month / Year

Doctor's Name: _____

Doctor's Address: _____

Doctor's Tel: _____

*Some GVI programs may require physical and mental fitness to withstand stressful situations, extreme temperatures, high altitude, basic conditions and group living (mainly expeditions). If you have any questions about a particular program please contact GVI.

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info@gvi.co.uk

North America
info@gviusa.com

Australasia
info@gviaustralia.com