

TRIP APPLICATION



1. Trip Information	
Which Country or Links Trip are you interested in?	
2. Personal Information	
Name:	
Adress:	
Telephone Day:	
Telephone Evening:	
Mobile:	
Email:	
Date of Birth:	
Age (at last birthday)	
Nationality:	
Passport Number:	
Issue Date:	
Expiry Date:	
Place of Issue:	
Name of emergency contact/next of kin:	
Relationship:	
Address:	
Telephone:	
Mobile:	

3. Medical Information	
Do you smoke?	
Do you drink alcohol?	
Are you on prescribed medication?	
Please list all medical conditions (physical and mental) for which you have received treatment in the last 5 years:	
Does overseas travel present any particular challenge or difficulty?	
Are you willing to take the required immunisations and anti-malarial treatment?	
Name of GP	
Address:	
Telephone:	
Special dietary requirements:	
Please list any allergies:	
Blood type if known:	
IF you have your own travel/medical insurance. PLEASE add details: (Company Details, Policy Number, Emergency	

Contacts for Insurer, Cover Summary) Attach Policy if available.	
4. General Information	
What languages do you speak?	
Please give details of your trade/profession:	
How did you hear about Links International?	
What are your strengths?	
What practical skills do you have?	
Have you ever taught or trained someone?	
If so what was the nature of the group? What was the experience like? How did you perceive the outcome?	
List the organisation/churches/groups/clubs you have membership with:	
Do you hold a position of responsibility?	
Please list your hobbies and/or interests:	

If relevant, how would you feel about sharing your personal story in relation to Christianity?			
Have you read the Links' <u>Trip Risk Assessment Policy</u>?		Have you read the Links' <u>Global Code of Conduct</u>?	
Have you read the Links' <u>Child Protection Policy</u>?		Have you read the Links' <u>Volunteer Agreement</u>? Have you read the Links' <u>Insurance Policy</u>?	
Are you willing to complete a DBS check, (Disclosure and Barring Service, replacement to CRB)?			
Do you have a driver's license?			
Please list any endorsements:			
5. Referee One			
Name			
Address:			
Telephone:			
Email:			
6. Referee Two			
Name			

Address:	
Telephone	
Email:	

DECLARATION:

"I.....believe that the facts stated in this Trip Application form are true."

Signed.....

Date:.....

