

## STUDENT EXPERIENCE GRANT TRAVEL SAFETY PLAN CHECKLIST 2016-2017

The Faculty of Social Sciences, through the competitive Student Experience Grants offered by Experiential Education, has granted you funding towards your upcoming travels. A requirement of receiving your grant is that you complete the following form.

Student Name	Student ID#
Location(s) of Travel	Date(s) of Travel

I declare that I have (please complete below chart):

Completed	Will Complete	N/A	For All Travel
			A transportation plan in place (submitted copy of flight itinerary, if applicable, to EE)
			Food and accommodation plans in place
			A communication plan in place
			Health and travel insurance purchased, if necessary
			Ready access to cash or credit card in case of emergency
			An awareness of the potential health and safety risks involved for travel to this destination (including risks relating to food consumption, civil unrest, living conditions etc.)
			<b>For International Travel</b>
			A valid passport (Please note: Passports may need to be valid for up to at least 6 months past your return date to Canada - check with authorities.)
			Submitted a photocopy of my passport to the Experiential Education office
			All or any necessary VISAs
			Contact information of nearest Canadian Embassy/Consulate in country of destination
			Registered with the Canadian Embassy prior to departure
			Assurance of satisfactory state of health, vaccination and immunization status for the purposes of travel to, and participation in, activities at the international location
			Reviewed travel advisories at Foreign Affairs, Trade and Development Canada website and will review them just prior to departure at <a href="http://www.travel.gc.ca">www.travel.gc.ca</a> .

Emergency Contact in Canada (name, phone number and relationship to):

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I hereby acknowledge that I am 18 years of age or older, that the above information is accurate, and that I am aware and have been well informed of the risks inherent in my travel.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_