

Registration form

01 Registration & costs

For each First Hand Experience, there is an initial non-refundable registration fee of £300 (can be paid in two instalments of £150, with the second instalment paid within a month of registering). If you have been on an ActionAid First Hand Experience before, you are entitled to a 50% discount on your registration fee so this will be £150. To register, please complete and return this form with your medical form to the address overleaf.

If you require any further information before registering, please contact us on **020 7561 7571** or e-mail **experiences@actionaid.org**. Your registration for this expedition implies acceptance of the Conditions of Entry enclosed, and the tour operator's booking conditions (these can be obtained by visiting **www.actionaid.org.uk/experiences** or you can e-mail

us for a copy). Once we receive your registration fee, we will reserve your place, subject to availability, and send you a detailed fundraising pack. **Please do not start collecting sponsor money or seek publicity until your registration has been acknowledged.**

02 Travel insurance

Travel insurance covering you for your specific First Hand Experience is compulsory. For our builds, specialist travel insurance is included in the trip costs. For all other Experiences you will be asked to cover travel insurance separately, and pay this at the time of registering. Please see the 'Money matters' section on your itinerary for more information.

Name of
First Hand Experience

Date of
First Hand Experience

03 Personal details

Title: Mr/Mrs/Miss/Ms/Dr/Other

Place of birth

First name

Date of birth

Surname

Age

Preferred name

Sex: M/F

Home address

Postcode

Daytime phone no.

Evening phone no.

Mobile phone no.

E-mail

Occupation

Company name and address

Where did you hear about this event?

What made you sign up?

Have you taken part in an ActionAid First Hand Experience before? If so, which one?

04 Passport details

Passport no.

Nationality

Country of residence

Place of issue

Your passport must be valid for at least six months after your return date. If this is not the case at the time of registering, please write **new passport to be applied for**, and phone or e-mail in your passport details at least three months before departure.

Date of issue

Expiry date

05 T-shirt size

Please delete as applicable: S/M/L/XL

07 Dietary requirements

Do you require vegetarian meals? Yes/No

Please specify any other dietary requirements:

09 Emergency contact

Please make sure these details are correct for someone available at the time of travel. This must not be someone travelling with you.

Full name

Relationship

Daytime phone no.

Mobile phone no.

Address

Postcode

E-mail

12 Registraion payment

The registration fee for the expedition is £300 which can be paid in two istalments.

I enclose a cheque/postal order for £150/£300 (delete as applicable) made payable to ActionAid

I would like to pay by debit/credit card the amount of £150/£300 (delete as applicable)

(If paying £150 by debit/credit card now, another £150 will automatically be taken 1 month after we receive your registration form. You will be notified in writing of the date that the second and final instalment will be taken).

Visa/Mastercard/Maestro/Amex (delete as applicable)

Card No.

Valid from Expiry Date

Unfortunately we are unable to accept payment by Solo or Diners Cards.

06 Contact list

It can be very helpful to speak to fellow participants, so we will distribute a list of contact details of the other people in your group. If you do not wish to be on this list, please tick the box.

08 Room sharing

Accommodation will be shared with varying numbers of beds. Rooms/tents will be single-sex, but where possible couples will be catered for. We will do our best to accommodate you but this cannot be guaranteed.

Name of room mate:

10 Trip costs

Part of your minimum sponsorship includes the cost of the trip itself (please see the Money matters section of the individual itineraries). You have the choice of how you will pay this, please tick below:

I will fundraise to reach the minimum sponsorship

I will pay the cost of the trip myself and fundraise up to the minimum sponsorship

11 Checklist

We can only process your application with the below items:

Registration fee payable to ActionAid

Passport photo

Registration and medical form

Travel Insurance Payment (if relevant to your event – please see the Money matters section for more information and payee details where relevant).

13 Declaration

I apply to take part in the ActionAid First Hand Experience indicated overleaf, and abide by the Conditions of entry and the tour operator's booking conditions. I confirm that to the best of my knowledge my general state of health and fitness is good and I take full responsibility for my fitness to take part.

Signature

Name (in capital letters)

Date

Parent/guardian's signature (if under 18)

Name of parent/guardian

Please return to: Jan Truscott, ActionAid, Freepost (BS4868) Chard, Somerset, TA20 1BR

Medical questionnaire

It is for your own safety that we find out as much as possible about your medical history so we can take good care of you.

Your answers will be treated in the strictest confidence and will not necessarily adversely affect your chance to take part. Any decisions will be made in consultation with you. The information you supply is strictly confidential and will only be used in relation to your expedition.

01 Your details

Your name:

Height:

Weight:

Name of
First Hand Experience

Date of
First Hand Experience

02 Medical questions

Do you suffer from, or have you ever suffered from: (circle)

Asthma or wheezing (with breathing or exercise) Yes No

Severe attacks of hay fever/allergy Yes No

Any form of lung disease Yes No

Cancer Yes No

Chest surgery Yes No

Claustrophobia or agoraphobia Yes No

Behavioural health problems Yes No

Epilepsy, seizures or convulsions Yes No

Recurring migraine headaches Yes No

Blackouts or fainting Yes No

Motion sickness Yes No

Recurrent back problems/surgery Yes No

Diabetes Yes No

Arm or leg problems Yes No

High blood pressure Yes No

Any heart disease/heart attacks Yes No

Angina/heart surgery or blood vessel surgery Yes No

Hearing loss or problems with balance Yes No

Bleeding or other blood disorders Yes No

Any type of hernia Yes No

Ulcers or ulcer surgery Yes No

Bowel disorder Yes No

Drug or alcohol abuse Yes No

Have you been in hospital in the last year? Yes No

Are you awaiting tests/investigations/results/surgery? Yes No

Do you regularly take prescription medication? Yes No

Are you pregnant? Yes No

Are you registered disabled? Yes No

Do you suffer from phobias (heights, flying, water?) Yes No

Are there any other medical issues not covered above which are relevant to your well-being on your expedition? Yes No

03 Further information

If you have answered yes to any of these questions, please give further details below or on a separate sheet.

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04 Medication list

Please list any medication you are currently taking and ensure you bring enough supplies (in original container) for the length of the trip.

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05 Declaration

I confirm that I have understood the need for fitness and to the best of my knowledge this is a true and accurate description of my medical history.

I understand that the First Hand Experience will involve strenuous activity and that I need to achieve an adequate level of fitness in order to participate. If I have any concerns whatsoever about my physical fitness or health, or any of the medical conditions listed that may affect my safe participation, I will consult my doctor before departure.

I hereby certify that the information provided by me on this form is to the best of my knowledge true and correct.

I understand that if any of the information provided by me on this form is found to be false, I risk losing my place on the expedition.

I understand it is my responsibility to let ActionAid know if at any time between now and departure my medical condition changes.

I understand that my medical information will be reviewed by the tour operator's consultant expedition medic who may request further information from my GP or hospital specialist should they deem this necessary for my safety on the trip.

In the event of illness or an accident I hereby give permission for the tour operator medical staff to initiate medical treatment.

I hereby give permission for the tour operator's medical advisor to discuss medical conditions relevant to this challenge with either my GP or hospital specialist.

Signed

Date

Name (in capital letters)

**Please return to: Jan Truscott, ActionAid,
Freepost (BS4868) Chard, Somerset, TA20 1BR**