



APPLICATION UGANDA IMMERSION EXPERIENCE



Please print:

Date of Immersion Trip: / / to / / **Passport No:**

Name: **Date of Birth:** **M / F circle**

Address: **State:** **PC:**

Email: **Mob:**

Emergency Contact Name: **Relationship to you:**

Emergency Contact: Home **Mob** **Em:**

CONSENT & INDEMNITY **NOTE: # Where ever 'Emmanuel Community' is mentioned it also includes 'Impact' as its Mission Outreach and the Holy Trinity Community in Uganda**

Indemnity: I understand that while every reasonable precaution will be undertaken to ensure my protection, I hereby release the # Emmanuel Community and its authorised Leaders from any and all liability to the maximum extent allowed under law in the event of any injury, accident, misfortune, damage or loss that may occur to me and/or my property during the Ugandan Immersion Experience. Further, I indemnify # Emmanuel Community from and against all loss, including legal expenses, connected with or arising from any claims or demands in relation to my volunteering for the Uganda Immersion Experience.

Medical Treatment Consent: I hereby authorise and consent to the leaders of the immersion trip obtaining and administering medical assistance including first aid, transport, blood transfusion and/or anaesthetic if required and I agree to indemnify # Emmanuel Community as well as its agents for any cost or liability arising out of the performance of any medical procedure in relation to such medical assistance. I further agree to indemnify # Emmanuel Community as well as its agents against claims and losses of any kind arising out of or in connection with my participation in any activities. I accept responsibility for payment of any expenses associated with such treatment. I understand that every effort will be made by the leader firstly to contact my nominated emergency contact person in the event of any illness or accident. I understand that if I am removed from the immersion trip, that I will be responsible for all costs incurred.

I give permission for the leaders of the Uganda Immersion Trip to pass on, at their discretion, personal and medical information about myself to the leaders of the # Emmanuel Community, if this is deemed necessary and appropriate for the my care and/or the efficient organisation of the immersion trip.

Privacy Declaration: I understand that # Emmanuel Community may collect information about me for the purpose of providing promotional material and maintaining ongoing contact with me, and that they will not pass my information on to any other organisation. I consent to my details being used by # Emmanuel Community for the promotion of future events and resources via post, phone, email and sms. I can elect to have my details removed from their database at any time. I understand that the Uganda Immersion Experience will be captured in photographs, video and audio, and that # Emmanuel Community reserves the right to use this material for promotional purposes or other resources.

Full Name: **Signature:** **Date:**

CODE OF BEHAVIOUR CONTRACT

In undertaking this immersion trip, I agree to the following code of behaviour, including but not limited to:

- acting in a manner that will bring respect to myself and those I represent
- abiding by the laws and respecting the practices and customs of any country I visit
- abiding by the reasonable requests of immersion trip leaders
- respecting others on the team and their property
- refraining from drunkenness and using illegal substances
- refraining from inappropriate sexual behaviour (including verbal and physical harassment)
- refraining from violent and threatening behaviour

I agree to abide by the *Code of Behaviour* of the 'Emmanuel Community/Impact Immersion Uganda Trip and to participate in all aspects of the trip. I understand that a breach in these rules and guidelines may result in my removal from the trip.

Full Name: **Signature:** **Date:**

(See over for Confidential Medical Report)

"Persons always live in relationship. We come from others, we belong to others, and our lives are enlarged by our encounter with others." (Pope Francis - The Light of Faith 38)



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CONFIDENTIAL MEDICAL REPORT

The information below is requested to assist in case of illness or accident and will be held in confidence.

Date of Immersion Trip: / / to / /

- Are you under regular medical treatment from a doctor? YES / NO
If YES, please provide details?
.....
.....
- Please indicate any illness/disability that the participant suffers of which the organisers should be aware (e.g. asthma, mental illness, depression, physical disability)
.....
.....
- Do you have any special needs that organisers need to be aware of? YES / NO
If YES, please give details.
.....
.....
- Do you need to take any medication for a medical condition? YES / NO
If YES, please give details.
.....
- Please indicate any allergies:
.....
- Please indicate any special dietary needs:
.....
- Are you a capable swimmer? YES / NO
- Are Travel vaccinations up to date: YES / NO
If No, please give details and when aiming to receive.
.....
- Please indicate anything else we may need to know:
.....

The particulars given on the Confidential Medical Report above are correct.

Full Name: Signature: Date:

It is recommended that volunteers see their doctor before departing overseas and any updates of medical forms should be forwarded to address below.

Post Form to Impact PO Box 126 Paddington Qld 4064 or Email to impact@emmanuelcommunity.com.au

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