



HEALTH & SAFETY FORM

FULL NAME*

DESTINATION *

ALLERGIES / MEDICAL INFO

PLEASE STATE ANY ALLERGIES, INTOLERANCES, DIETARY REQUIREMENTS, CONDITIONS FOR WHICH YOU TAKE MEDICATION.

CONFIDENTIAL INFORMATION *

IF THERE IS ANYTHING YOU WOULD LIKE TO DISCLOSE CONFIDENTIALLY, PLEASE LET US KNOW HERE, AND A MEMBER OF OUR TEAM WILL ASSIST YOU WITH THIS.

EMERGENCY CONTACT 1 - NAME *

EMERGENCY CONTACT 1 - RELATIONSHIP TO YOU *

EMERGENCY CONTACT 1 - PHONE NUMBER *

EMERGENCY CONTACT 1 - EMAIL ADDRESS *

EMERGENCY CONTACT 2 - NAME *

EMERGENCY CONTACT 2 - RELATIONSHIP TO YOU *

EMERGENCY CONTACT 2 - PHONE NUMBER *

EMERGENCY CONTACT 2 - EMAIL ADDRESS *

BANK DETAILS

IF YOU PAY A REFUNDABLE DEPOSIT AS PART OF YOUR INTERNCHINA PROGRAMME, PLEASE ENTER YOUR BANK DETAILS SO THAT WE CAN RETURN YOUR DEPOSIT AT THE END OF YOUR PROGRAMME. ... FOR UK PARTICIPANTS, PLEASE ENTER YOUR: FULL NAME, ACCOUNT NUMBER AND SORT CODE. ... FOR NON-UK PARTICIPANTS, PLEASE ENTER YOUR: FULL NAME, HOME ADDRESS (TO WHICH YOUR ACCOUNT IS REGISTERED), ACCOUNT NUMBER, IBAN NUMBER AND BIC/SWIFT CODE.

ETHNICITY *

PLEASE STATE YOUR ETHNICITY, EG. 'WHITE BRITISH', 'BLACK AMERICAN' OR 'MIXED RACE VIETNAMESE/GERMAN'. WE ASK THIS PURELY FOR STATISTICAL PURPOSES, TO MEASURE THE DIVERSITY OF OUR PARTICIPANTS. IF YOU ARE NOT WILLING TO SHARE THIS INFORMATION, PLEASE SIMPLY ENTER 'NOT DISCLOSED'.

FUNDING: INTERNCHINA PROGRAMME FEE *

WHO WILL PAY FOR YOUR INTERNCHINA PROGRAMME FEE?

FUNDING: FLIGHTS *

WHO WILL COVER THE COST OF YOUR FLIGHTS?

FUNDING: VISA APPLICATION FEE *

WHO WILL COVER THE COST OF YOUR VISA?

FUNDING: SPENDING MONEY IN CHINA *

WHO WILL COVER THE COST OF YOUR SPENDING MONEY IN CHINA?

*Denotes Compulsory Question