

International Internship and Practicum Checklist

Name:

Student ID:

Course:

Destination:

Faculty Supervisor:

Intended semester and year:

Required Documents:	Completed
Application for Student International Internship or Practicum Placement*	<input type="checkbox"/>
Student Resume*	<input type="checkbox"/>
Copy of passport and, if applicable, student travel VISA	<input type="checkbox"/>
Statement of Risks and Terms of Travel <i>(Please note that this needs to be filled out prior to sending to the student)</i>	<input type="checkbox"/>
Assumption of Risk, Release of Liability and Indemnity Agreement <i>(Please note that this needs to be filled out prior to sending to the student)</i>	<input type="checkbox"/>
Student Information Form for International Travel	<input type="checkbox"/>
Freedom of Information	<input type="checkbox"/>
Emergency Contact Form <i>(to be given to your Emergency Contact)</i>	<input type="checkbox"/>
Photo/Video Release Form	<input type="checkbox"/>
Required Registration:	Completed
International SOS (ISOS) <i>(MyTrips, trip details, app)</i>	<input type="checkbox"/>
Registration of Canadians Abroad (ROCA)	<input type="checkbox"/>

***These documents will be submitted to the faculty supervisor in order to obtain pre-approval for the internship.**

Application for International Internship or Practicum Placement

Name:	Student ID:			
Date of Birth:	Gender:	Male	Female	Another gender identity
Address:	City:		Province:	
Postal Code:	Home Phone:		Personal Email:	
	Cell Phone:		UFV Email:	
Program of Study:	Major/Minor/Extended Minor(s):			
Number of credits completed:	Cumulative GPA:			
Expected Graduation Date:	Internship/Practicum Course:			
Do you have a current passport?	Yes	No		
Country of issue:	Expiry Date:			
Do you have previous international travel experience?	Yes	No		
Have you previously completed an internship?	Yes	No		
If yes, please explain (when, where, etc.):				

Expression of Interest:

Please include your internship or practicum goals and how these relate to your academic plan.

A large, empty rectangular box with a thin black border, intended for the applicant to write their expression of interest, including internship or practicum goals and how they relate to their academic plan.

Please submit the completed application form, along with your resume, to the proposed faculty supervisor.

**STATEMENT OF RISKS AND
TERMS OF TRAVEL**

PLEASE READ CAREFULLY!

PREAMBLE

This study tour, field trip, exchange program, internship, clinical placement or practicum (the “Program”) is an exceptional educational opportunity but it comes with certain risks, dangers, hazards and potential liabilities to participants. These risks include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience and the possibility of the Program’s cancellation or curtailment. All participants taking part in this Program are required to accept these and other risks as a condition of their participation.

This statement of risks and terms of travel document (the “Statement of Risks”) is intended to enable participants to better understand the various risks involved in the Program and to outline certain terms and conditions involved with participation in the Program. All participants will be required to sign this document and an *Assumption of Risk, Release of Liability and Indemnity Agreement*, a copy of which is attached hereto as Appendix “A”. Please note that the Assumption of Risk, Release of Liability and Indemnity Agreement will release the University of the Fraser Valley (“UFV”) from any future claims which might arise as a result of the participant’s involvement in the Program.

STATEMENT OF RISKS

Program participants may be subject to risks, anticipated and unanticipated, that could result in injury, disease, illness and death to participants and others involved in the Program, and as well as damage to or loss of property. Potential risks may include but are not limited to cuts, bruises, sprains, strains, burns, fractures, disease, illness, heat injuries, paraplegia, quadriplegia, brain injury, assault, physical and mental injury, and death which may arise from accidents or incidents associated with the Program.

The Program involves the risks inherent in international travel. These include, but are not limited to, the possibility of poor motor vehicle safety practices and poor transportation systems; tropical and communicable diseases; lack of medical facilities and available medical treatment; injuries from crime and violence; and exposure to dangerous insects or animals.

The majority of the Program will take place in [_____].
[_____]

During the Program, UFV will use and rely upon the services of independent travel agents, transportation carriers, hotels, and other suppliers of goods and/or services. UFV does not accept responsibility for the conduct of these independent agencies. It is always possible that the Program might not be completed, or that individual courses or activities may be curtailed or cancelled, due to weather, illness, political disturbances, terrorism, motor vehicle or transportation accidents, transportation problems, political or ethnic violence, failure to perform on the part of the travel agents or transportation carriers, problems relating to customs, immigration or visa requirements, or other circumstances beyond the control of UFV.

All participants will be required to attend pre-departure briefings related to the Program to assist students in minimizing and mitigating potential risk and disruption during the course of the Program. It is the responsibility of each participant to learn as much as possible about the risks of the Program, to weigh those risks against the advantages, and to decide whether or not to participate. If, during the Program, the participant does not fully understand or does not have complete confidence in his or her abilities to

undertake a related procedure, activity or task that is to be undertaken, then it is the participant's responsibility to advise the instructor accordingly or to ask the instructor for further clarification.

TERMS OF TRAVEL

HEALTH CARE COVERAGE

I assure UFV that I am covered by appropriate health, hospitalization and accident insurance providing coverage for medical treatment, medical evacuation and repatriation for the countries I am traveling to. I acknowledge that UFV does not have medical personnel available at the location of the Program, during transportation or anywhere in the foreign countries being visited and is not responsible for any medical expense I may incur while abroad. I acknowledge that UFV may take any action it considers to be warranted under the circumstances regarding my health and safety.

HEALTH AND SAFETY

I understand that if I have particular medical or dietary needs, or have any health factors or conditions that require accommodation, then I must advise the Program lead or course coordinator. Further, I understand that it is my responsibility to carry all necessary medications, and an adequate supply of such medications, while taking part in the Program.

I assure UFV that I have provided my designated emergency contact with copies of my personal information including my passport information, medical/travel insurance coverage, blood type and any information such as allergies, drug sensitivities, regular medications and other information (for example, medical conditions) that might be of significance to UFV or any physician or hospital that may be treating me in an emergency situation. I assure UFV that I have informed my emergency contact regarding all aspects of the Program, including the nature of possible risks.

ITINERARY CHANGES

I agree UFV may, in its sole discretion, make any change in the itinerary or any part of the Program it deems necessary. I understand and acknowledge that UFV is not responsible for any disruption in travel arrangements, or any consequent additional expenses that may be incurred there from.

PERSONAL OR INDEPENDENT TRAVEL

I understand that UFV is not in any way responsible for my well-being with respect to any travel destinations beyond those specifically required under the Program that I may choose to undertake before, during or after the Program. Any travel that is not specifically required for the Program will be deemed personal or independent travel, which I will undertake as a private citizen. While on personal or independent travel, I acknowledge and agree that I am solely responsible for making my own travel arrangements and making my own decision regarding personal safety. I agree that UFV is not responsible for any injury I may suffer while on personal or independent travel before or after the Program or during free time.

ACTS OR OMISSIONS OF OTHERS

I understand and agree that UFV does not represent or serve as agent for and cannot control the acts or omissions of other institutions, transportation carriers, hotels and other suppliers of goods and/or services connected with the Program. I agree UFV is not responsible for any personal injury to or loss of life to me or loss or damage to property that may be caused or contributed to by the act or omission of another institution or any of the suppliers of goods and/or services in connection with the Program.

STANDARDS OF CONDUCT

I understand that each host country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use, alcohol use and behavior. I agree that it is my responsibility to become informed of, and agree to abide by, all such laws and standards for each country to or through which I will travel during the Program.

I agree to comply with UFV's policies and procedures, the host institution's policies and procedures, and any rules or instructions that may be issued by UFV during the Program. I understand that there are potential consequences should I choose to not follow policies, procedures, rules or instructions.

I agree that should my behavior fall below that expected of a UFV student, then UFV may impose restrictions, including but not limited to removal from the Program, for violating these standards or for any conduct detrimental to or incompatible with UFV policy or the Program.

I acknowledge and agree that if my participation in the Program is terminated because of conduct issues, I may be sent home at my own expense with no refund or fees. Should I refuse to return home, then I will be deemed to be on personal or independent travel, as a private citizen.

ACKNOWLEDGEMENT

I understand that it is my responsibility to learn as much as possible about the risks of this Program and to weigh those risks against the advantages, and to decide whether or not to participate.

By signing below, I acknowledge and agree that I have read this *Statement of Risks and Terms of Travel* document, fully understand all the risks as outlined herein, and had the opportunity to ask questions about such risks and the terms of travel. Further, I agree to act in accordance with the terms and conditions outlined herein.

Signature of Participant:	Signature of Witness:
Date:	Witness (Print Name):



ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

WARNING - PLEASE READ CAREFULLY

By signing this agreement you will waive certain legal rights, including your right to sue.

(Please print)

Participant Name:	Last Name:	First Name:	
Student Number:			
Permanent Address			
	City:	Province:	Postal:
Phone Number:	()	Email:	
Emergency Contact	Phone No:		
Faculty/Department			
Dates:	From:	To:	
Destination:		City/Region:	Country:

Preamble: This study tour, field trip, exchange program, internship, clinical placement or practicum (the “Program”) is an exceptional educational/working opportunity but it comes with certain risks, dangers, hazards and liabilities to all participants. These risks include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience and the possibility of the Program’s cancellation or curtailment. All participants taking part in this Program are required to accept these and other risks as a condition of their participation.

TO: THE UNIVERSITY OF THE FRASER VALLEY (“UFV”)

DESCRIPTION OF RISKS

There are inherent risks, dangers and hazards to which I may be exposed while participating in this Program. I understand that the Program will take me away from campus for an extended period of time. During this period, I understand that I will be in unfamiliar surroundings and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, disease, sickness or death, or damage to my property as a result of my participation in the Program; and that there is a possibility of violence and crime, civil unrest, homesickness and loneliness. I understand that despite its efforts, UFV may not be able to ensure my complete safety at all times from such risks and dangers.

I acknowledge that the Program, in whole or in part, may be cancelled or curtailed due to weather, flooding, illness, political disturbances, terrorism, transportation problems, failure to perform on the part of the travel agents, travel guides or transportation carriers, or problems relating to customs, immigration or visa requirements. If cancellation occurs, I acknowledge that I may not be able to recover my costs.

Further, I acknowledge that UFV provided me with a statement of risks and terms of travel document (“Statement of Risks”) as part of my pre-departure briefing. I acknowledge that I reviewed the Statement of Risks, fully understand all the risks as outlined therein, had an opportunity to ask questions about such risks and the terms of travel, and agreed to act in accordance with its terms and conditions.

ASSUMPTION OF RISK

In consideration of UFV allowing me to participate in the Program, I hereby freely accept and fully assume all such risks, dangers and hazards and the possibility of **PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS** arising out of, associated with or relating to my participation in the Program.

I assure UFV that I am covered by appropriate health, hospitalization and accident insurance providing coverage for medical treatment, medical evacuation and repatriation for the countries to which I am traveling. I agree that if UFV, in its sole discretion and on my behalf, should secure any medical advice or services as it, in its sole discretion, may deem necessary for my health and safety, that I shall be financially responsible for such medical advice or services.

ASSUMPTION OF RESPONSIBILITY

I understand that it is my responsibility to abide by all applicable policies and procedures of UFV and those of the host institution/country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection for my personal possessions. I acknowledge that the Statement of Risks document, provided by UFV, outlines the terms of travel and a standard of conduct of which I am expected to follow.

RELEASE OF LIABILITY AND INDEMNITY

I hereby agree to **WAIVE ANY AND ALL CLAIMS** that I have or may have against UFV, its Board of Governors, officers, employees, students, agents, volunteers, and independent contractors (the “UFV Parties”). I further agree to **RELEASE** the UFV Parties from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in the Program due to any cause whatsoever **INCLUDING NEGLIGENCE, BREACH OF CONTRACT OR BREACH OF ANY DUTY OF CARE** owed on the part of the UFV Parties. I further agree to **INDEMNIFY AND HOLD HARMLESS** the UFV Parties from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in the Program.

ACKNOWLEDGEMENT

I acknowledge that I am not required to participate in the Program and that I am choosing to do so of my own free will. I understand that it is my responsibility to learn as much as possible about the risks of this Program and to weigh those risks against the advantages, and to decide whether or not to participate.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the UFV Parties, other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Signature of Participant:	Signature of Witness:
Date:	Witness (Print Name):

Collection Notice: The personal information requested on this form is collected under the authority of the *University Act*, and in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will only be used for the purpose of implementing this Assumption of Risk, Release of Liability and Indemnity Agreement. Direct any questions about this collection to [] at [] at UFV at (604) - .

This agreement must be completed in full, signed, and dated before the participant is allowed to participate in the Program.



Student Information Form

Student International Travel

Please complete and return to

Student Information

Purpose of Trip

Full Name (as appears on passport)

Preferred Name

Primary Phone Number

Secondary Phone Number

Email Address

Address

City, Province, Postal Code

Date of Birth (dd/mm/yy)

UFV Student Number

Family Member and/or Guardian Contact Information

Family Member and/or Guardian Contact Name

Primary Phone Number

Secondary Phone Number

Address

City, Province, Postal Code

Email Address

Relationship

Emergency Contact Information

Emergency Contact Name

Primary Phone Number

Secondary Phone Number

Address

City, Province, Postal Code

Email Address

Relationship

Passport Information

Passport Number

Date of Issue

Passport Expiry Date

Citizenship

Country of Issue/ Issuing Authority



Health Insurance Information

BC Services/CareCard #

Health Insurance Company Name

Policy Number

Expiration Date

Medical and Critical Information

Please ensure that your EMERGENCY CONTACT has copies of your personal information including passport, BC Services/Care Card number, medical/travel insurance coverage, blood type and any information such as allergies, drug sensitivities, regular medications and other information (e.g., medical condition) that might be a significance to UFV, a physician or hospital treating you in any emergency situation.

I have fully informed my EMERGENCY CONTACT regarding all aspects of my travel, including the nature of possible risks. Student guarantees that medical insurance is in force for the duration of the international travel and, in the case of an Emergency, consents to the release of personal information as per the Freedom of Information Consent form.

_____ Student Initials

Identification of Disabilities/Special Needs

Are you registered with the UFV Centre for Accessibility Services (CAS)? No Yes

If Yes, please discuss your plans to travel abroad with your CAS coordinator so you might increase your options abroad.

If you think you may be eligible, contact 604-864-4609 or visit ufv.ca/disabilityservices/

Do you have a disability that will require accommodations while abroad? No Yes

If Yes, you must register with a CAS coordinator. This must be done in a reasonable timeframe so as to allow for satisfactory evaluation of the requested accommodation and adequate time to implement the accommodation, if any. If you do not disclose your disability or request accommodations in a timely manner, UFV may not be able to assess and accommodate your needs. More time is needed for more significant accommodation requests.

Acknowledgement

I acknowledge that I have read the information contained on this Student Information Form. I acknowledge that I am responsible for my own safety and for advising UFV of any accommodation and/or medical condition which may impact my ability to fully participate in any international program and/or activity. Since emergency medical treatment may not be available at all times during this international trip, I also acknowledge my responsibility to travel with whatever medications necessary for my own health and safety.

_____ Date

_____ Signature of Student

Freedom of Information Consent

Student International Travel

I hereby consent to the University of the Fraser Valley and its representatives, collecting, using and disclosing the following information to the following persons/organizations for the following purposes:

Information	To Whom	Purpose of Disclosure
Status at UFV: - Attendance - Whether attending UFV	- Citizenship and Immigration Canada - Canada Border Services - RCMP - Law Enforcement Agencies - Sponsoring Organization or Agency	- To ensure compliance with Study Permit - Verify student status - Inform of student academic standing and progress
Student Contact Information: - address, phone number(s), email and other coordinates	- Citizenship and Immigration Canada - RCMP - Emergency Contact - B.C. Medical Services Plan - Family and/or Legal Guardian - UFV Academic Administration	- Ability to communicate with student - Contact purposes - Confirm health & safety
Medical and Well-being	- Family and/or Legal Guardian - Emergency Contact - UFV Student Services - UFV Academic Administration - Host Family	- Ensuring support systems are available to student when required

I have read the above, understand it, and agree to it.

Name of Student _____

Signature of Student _____

Date _____



PHOTO / VIDEO RELEASE FORM

Name:	
Student Number:	Internship:
Appearance descriptors (optional):	

University of the Fraser Valley

Photography/Video Release

I agree to allow the University of the Fraser Valley to use photos/video taken of me for promotional and recruitment purposes and to make use of speeches or presentations that I make on UFV's behalf. I understand this/these image(s) maybe used in various media/mediums including, but not limited to: the World Wide Web (including website pages hosted on international servers); email announcements; CDs, DVDs and e-cards; UFV print publications and advertisements.

I agree to waive my rights to these images to UFV for the above noted purposes, and agree not to hold UFV liable for any damages resulting from use of these images.

I further understand I will not receive remuneration for use of these images unless otherwise specifically negotiated.

Signature: _____

Date: _____