



# BOOKING FORM 2014/2015 Short Team Trips



**PLEASE COMPLETE ALL INFORMATION IN BLOCK CAPITALS**

<b>School Name</b> <i>ISS International School</i>	<b>Our Ref</b> <small>(office use only)</small>
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<b>Student Details</b>			
Name <small>(As it appears in your passport)</small>	Date of Birth	Gender	
Surname _____	DD/MM/YYYY _____	M/F _____	
Address _____ _____			
Postcode _____			
Landline _____		Mobile _____	
Email _____			
Nationality _____	Passport Number _____	Expiry Date _____	_____

<b>Parent/ Guardian Name</b>		
<small>Title Mr/ Mrs/ Ms/ Dr</small>	<small>Given Name(s)</small>	<small>Surname</small>
Relationship _____		
Address _____ _____		
Postcode _____		
Email _____		
<small>All correspondence will be sent to this email address- please advise us if correspondence also needs to be sent to a separate email address, or if you need to receive correspondence via the post.</small>		
Landline _____	Work _____	Mobile _____

<b>Parent/ Guardian Name</b>		
<small>(if different from above)</small>	<small>Title Mr/ Mrs/ Ms/ Dr</small>	<small>Given Name(s)</small>
<small>Surname</small>		
Relationship _____		
Address _____ _____		
Postcode _____		
Email _____		
Landline _____	Work _____	Mobile _____

<b>Borneo Discovery</b>  Includes; <ul style="list-style-type: none"> <li>✓ In-country transfers</li> <li>✓ Food &amp; drinking water</li> <li>✓ Accommodation</li> <li>✓ Project and adventure costs</li> <li>✓ In country staff &amp; support</li> <li>✓ Visa</li> <li>✓ Insurance</li> </ul> Excludes; <ul style="list-style-type: none"> <li>• Personal spending &amp; tips</li> </ul>	<b>Payment Schedule</b>  (Payment #1) 1/12/14 : \$500SGD (Payment #2) 13/01/15 : \$500SGD  The school (ISS International School) will invoice each student direct. Please make payment as soon as possible.
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November 13, 2014

## Week Without Walls 2014-15

*Grade 10 Beng Pae, Cambodia*

Feb 01- Feb 06 2015

Welcome to Week Without Walls 2014-15. During the Week Without Walls (WWW) we 'Educate to Make a Difference' by fostering cultural exchange and learning through a range of meaningful, practical and authentic experiences.

### Rationale

Taking learning beyond the classroom expands learners' understanding of the curriculum and its possible applications as well as contributing to their individual development. These trips create learning experiences that encourage each student to realize their potential. Week Without Walls is one of the building blocks that assist in creating success in a child's academic life and beyond. It continues to offer the opportunity to develop an individual's physical, social and emotional wellbeing, a healthy and positive disposition, connectedness with others, and self-awareness. Every Week Without Walls trip will provide the opportunity for personal development, to learn and contribute to local and other communities, and for adventure.

### Camp Beng Pae



Camp Beng Pae is located in the village of Ta Lek near Kampong Thom. Ta Lek village is in the Beng Pae Wildlife Reserve and has a population of around 1000 people. The villagers are from the Kuoy people-a minority hill tribe who in history were famous for producing the best Angkorian Swords in the whole of Cambodia. Now the villagers are mainly farmers and the majority of the population is extremely poor. The reserve is home to many wildlife species including Sun Bears, deer, Leopard Cat, Agile Gibbons and even Tigers.

The village currently has a high impact on the Wildlife Reserve as they rely on it for providing them with food and wood for building and therefore are depleting it faster than it can recover. Our project work here will focus on reforestation of areas of the depleted reserve. We will also work, in areas outside the reserve, to provide a sustainable source of wood for the community and the planting of fruit trees. The community can harvest the fruit to eat and to sell at the markets to provide an income. There will also be work in the community improving facilities at the school and rebuilding some of the houses of the poor and elderly in the village.

***WWW trips are mandatory for all ISS students and organized for the entire grade level.***

### Stay Connected

For all the latest information go to- [www.issweekwithoutwalls.weebly.com](http://www.issweekwithoutwalls.weebly.com)

On the website you will be able to:

- Access more details of the individual trips
- Access all documents
- Find all important contacts
- Keep in touch (when there is Internet!) during the trips

### Key Dates

**Monday 17<sup>th</sup> November-** return Application Form to Homeroom teacher

**Thursday 20<sup>th</sup> November-** parent evening at ISS Preston (19:00)

**Monday 1<sup>st</sup> December-** payment installment due (\$500SGD)

**Tuesday 13<sup>th</sup> January-** final payment due (\$500SGD)

**Sunday 1<sup>st</sup> February-** trip departs

**Friday 6<sup>th</sup> February-** trip returns

## Medical Questionnaire

It is essential for the following questionnaire to be completed for planning purposes. The following questions have been developed to provide information that may be helpful in assisting us in any medical situation involving you. With this in mind you are requested to provide all relevant details at this time and to advise us of any changes in your health/ fitness between now and the Expedition. Please use a separate sheet if necessary. Insurance cover is subject to full disclosure, failure to disclose any pre-existing medical condition may invalidate any insurance. If you are uncertain of any health matter please consult your own Doctor before booking.

**1 Do you or have you ever suffered from the following? If you answer 'YES' to any of the questions please provide further details, use an additional sheet if necessary.** (please circle as necessary)

Epilepsy/fits or blackouts	NO	YES	Heart/chest or lung problems	NO	YES
Diabetes	NO	YES	Anxiety/depression or eating disorders or had to see a psychiatrist	NO	YES
Recurrent ear or sinus problems	NO	YES	Blood disorders	NO	YES
Problems with mobility/lifting/carrying	NO	YES	If YES please provide details	_____	

**2 Do you have asthma?** NO YES

(please circle as necessary)

If YES, have you

a) needed hospital treatment for this, please state when and provide details \_\_\_\_\_

b) needed steroid tablets NO YES

Please list inhalers and/or other medicines used \_\_\_\_\_

**3 Have you had**

(please circle as necessary) If you answer 'YES' please provide further details using an additional sheet.

a) any operations NO YES

b) any serious illness requiring hospital admission NO YES

c) a head injury with loss of consciousness NO YES

**4 Please list any medicines that you take regularly**

\_\_\_\_\_

**5 Please list any allergies**

(eg nuts/penicillin) Please note anyone with severe allergies requiring the use of an epi pen will need to ensure they take two with them when they travel

\_\_\_\_\_

**6 Do you have any specific dietary requirements** (eg

Vegetarian, please circle as necessary) If YES please provide further details

NO YES

\_\_\_\_\_

**7 Please add any further relevant information that may affect your ability to fully participate in expedition activities (include any requirements specific to your religion)**

\_\_\_\_\_

**8 Can you swim 50 meters?** NO YES

## Security of information and use of images

To ensure the safe running of our Expeditions we need to use the information given on this form. We take full responsibility for ensuring that proper security measures are in place to protect this information when it is passed to our overseas subsidiary offices and third party suppliers (eg airlines, etc). Any images taken of you whilst on our Expeditions, and images made available to us by you, may be used by us for marketing purposes.

## Declaration

To the best of my knowledge and belief all information provided on this form is correct and I know of no reason(s) why I should not participate in the Expedition and will not be travelling against medical advice. In signing this form I confirm that I have read and understood the Camps International Limited Terms and Conditions and confirm that I am willing to abide by them. In signing this Booking Form I authorise Camps International Staff to act 'in loco parentis' for the individual named on this form and they are given permission to release the individual from hospital or other similar establishment.

**Signed** (Parent/ Guardian must sign as guarantor if expedition member is under 18 years)

Expedition Team Member - I have read and understood the declaration above

Date

Parent/ Guardian - I have read and understood the declaration above

Date