

Program & Destination Country:								
Exchange Host School Overseas:								
Field School Location Abroad:								
NIC Department:								
Practicum or Internship Location Abroad:								
Expected Dates Abroad:								
First & Last Names (EXACTLY as they will appear on your passport): First Name: Last Name:			Date of Birth:					
		Gender: M	F	Other				
NIC Student Number:	Contract Informations							
	Contact Information: Correct Mailing Address c	on MyNIC?	Yes	No				
NIC Email:	Correct Phone Number on MyNIC?		Yes	No				
Personal Email:		162	INU					
Start at NIC: Year Fall Winter	I have provided an alterna	ate phone num	ber or cell Yes ^{Ye}					
Program:								
			Yes	No				
Will you be travelling on a Canadian passport?	Yes No ^{If no,}	from which co	untry?					
Do you currently have a passport?	Yes No							
If yes, list the passport number and the expiry date:								
If no, list the date you expect to apply:								
Passports must be valid for six months past your intended date of return. We require a copy of the information page for our files. If you do not have a valid passport, submit the application form and provide us with a copy of the information page of your passport when you receive it.								
Have you ever been convicted of a criminal offence for which you have not been pardoned? (This may affect your ability to travel to, or transit in some countries).				No				
May we release your name and email address to present or potential participants?				No				

Health and Medical Self-Assessment

٦

 possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. I understand that I am responsible for ensuring I follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time I am away from British Columbia and that I must provide evidence of this to the OGE. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these rules while I am a student at the college. 	participation if essential care is not avail	able at the foreign site, or	, for students registered with the Depa	rtment of Acc	essible		
Medical: YES NO Do you have any pre-existing conditions, or history of medical or psychological conditions? Image: Conditions on a regular basis? Image: Conditis Conditis Conditis Conditions on a regular basis conditions on a	• • • • • • •	e accommodations cannot	be made by the partner institution/org	anization or v	vniie		
Do you have any pre-existing conditions, or history of medical or psychological conditions? Do you have any potentially life-threatening allergies? Do you currently receive any treatments or medications on a regular basis? (You do not need to report routine prescriptions such as birth control, skin care or allergy medication). Have you recently had any major surgery, or been advised to have one? Do you have any dietary restrictions that might impact your participation in this program? (You may be in a country that may not have foods to meet your dietary needs). Access: Do you have any physical limitations or disabilities? Will your fitness level impact your ability to fully participate in the program? (You may need to climb stairs, walk long distances on uneven road surfaces, carry luggage, etc.). Learning: Do you have any struggles or barriers to learning that may impact your ability to access the learning outcomes associated with the program? Other: Are you currently registered with the DALS at NIC? If yes, by signing this form you are authorizing DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE. Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education, OGE. 1 understand vaccinations may be required by the college or by the country to which an travelling. It is my responsibility to learn as much as possible about the risks of the venture, be weigh these risks against the advinates and to doide sheether or not participate . I spree to attend a revel divide as moremored by OCE, peel Information ad Drojects, any the sentement add to clice be peel more add and and condical ventures and to acide whether or not participate . I spree to attend a revel divide as moremored by OCE, peel Information add the information and medical insurance for the miser dinice, as moremored by OCE, peel Information add the c				YES	NO		
Do you currently receive any treatments or medications on a regular basis? (You do not need to report routine prescriptions such as birth control, skin care or allergy medication). Have you recently had any major surgery, or been advised to have one? Do you have any dietary restrictions that might impact your participation in this program? (You may be in a country that may not have foods to meet your dietary needs). Access: Do you have any physical limitations or disabilities? Will your fitness level impact your ability to fully participate in the program? (You may need to climb stairs, walk long distances on uneven road surfaces, carry luggage, etc.). Learning: Do you have any struggles or barriers to learning that may impact your ability to access the learning outcomes associated with the program? Other: Are you currently registered with the DALS at NIC? If yes, by signing this form you are authorizing DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE. Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or tead instructor? Please rad the following before signing this document 1. Iunderstand vaccinations may be required by the college or by the country to which 1 am travelling. It is my responsibility to learn as much as possible about the risks commended by OCE, t		s, or history of medical or p	osychological conditions?				
(You do not need to report routine prescriptions such as birth control, skin care or allergy medication). Have you recently had any major surgery, or been advised to have one? Do you have any dietary restrictions that might impact your participation in this program? (You may be in a country that may not have foods to meet your dietary needs). Access: Do you have any diptary restrictions that might impact your participate in the program? (You may need to climb stairs, walk long distances on uneven road surfaces, carry luggage, etc.). Learning: Do you have any struggles or barriers to learning that may impact your ability to access the learning outcomes associated with the program? Other: Are you currently registered with the DALS at NIC? If yes, by signing this form you are authorizing DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OCE. Partnerships and Global Education, OCE. Prease add any relevant comments below: Please add any relevant comments below: Please add any relevant comments below: 1. Understand vaccinations may be required by the college of by the country to which I am traveling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide. 2. Indestand that I am responsible for ensuing 1 blow the OGE recommendations to purchase appropriate tavel and inc. as recommends t	Do you have any potentially life-threater	ning allergies?					
Do you have any dietary restrictions that might impact your participation in this program?	(You do not need to report routine preso	criptions such as birth cont	rol, skin care or allergy medication).				
(You may be in a country that may not have foods to meet your dietary needs). Access: Do you have any physical limitations or disabilities?	Have you recently had any major surger	ry, or been advised to hav	e one?				
Do you have any physical limitations or disabilities? Will your fitness level impact your ability to fully participate in the program? (You may need to climb stairs, walk long distances on uneven road surfaces, carry luggage, etc.). Learning: Do you have any struggles or barriers to learning that may impact your ability to access the learning outcomes associated with the program? Other: Are you currently registered with the DALS at NIC? If yes, by signing this form you are authorizing DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE. Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor? Please read the following before signing this document 1. I understand vaccinations may be required by the college or by the country to which 1 am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. 2. I understand that 1 am responsible for ensuring 1 follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time 1 an away from British Columbia and that I must provide evidence of this to the OGE. 3. lagree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any c	••••						
Will your fitness level impact your ability to fully participate in the program? (You may need to climb stairs, walk long distances on uneven road surfaces, carry luggage, etc.). Learning: Do you have any struggles or barriers to learning that may impact your ability to access the learning outcomes associated with the program? Other: Are you currently registered with the DALS at NIC? If yes, by signing this form you are authorizing DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE. Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor? Please add any relevant comments below: 1. Understand vaccinations may be required by the college or by the country to which 1 am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participale. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. 1. Understand that 1 am responsibility for users the advantages, and to decide whether or not to participal. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. 2. Understand that 1 am responsibility of low the OGE ecommendations to purchase approprinte travel and medical insurance for the entire time I am away from British Columbia and that thust provide evidence of this to the OGE.	Access:						
(You may need to climb stairs, walk long distances on uneven road surfaces, carry luggage, etc.). Learning: Do you have any struggles or barriers to learning that may impact your ability to access the learning outcomes associated with the program? Other: Are you currently registered with the DALS at NIC? If yes, by signing this form you are authorizing DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE. Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor? Please add any relevant comments below: 1. I understand vaccinations may be required by the college or by the country to which 1 am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OCE, to get Information about and consider all vaccinations recommended. 1. I understand vaccinations may be required by the college, the OGE, and the Study Abroad/Field School Program, as well as any changes the any them ye mede to these nules while I am asponton form that must provide evidence of this to the OCE. 1. agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these nules while and a student at the college. 1. aretify that all statements made on this splication form are true and c	Do you have any physical limitations or	disabilities?					
Do you have any struggles or barriers to learning that may impact your ability to access the learning outcomes associated with the program? Other: Are you currently registered with the DALS at NIC? If yes, by signing this form you are authorizing DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE. Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor? Please add any relevant comments below: 1. Understand vaccinations may be required by the college or by the country to which 1 am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OGE, toget information about and consider all vaccinations recommended. 2. I understand that 1 am responsible for ensuring 1 follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time 1 am away from British Columbia and that 1 must provide evidence of this to the OGE. 3. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these rules while 1 am a student at the college. 4. I certify that all statements made on this application form are true and correct. I understand that misrepresentation of this information in any material way may result in my being withdrawn from the Study Abroad/Field School Program.			0				
Outcomes associated with the program? Other: Are you currently registered with the DALS at NIC? If yes, by signing this form you are authorizing DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE. Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor? Please add any relevant comments below: ************************************	Learning:						
Are you currently registered with the DALS at NIC? If yes, by signing this form you are authorizing DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OCE. Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor? Please add any relevant comments below: Please read the following before signing this document 1. Iunderstand vaccinations may be required by the college or by the country to which I am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OCE, to get information about and consider all vaccinations recommended. 2. Iunderstand that 1 am responsible for ensuring I follow the OCE recommended. 3. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these rules while I am a student at the college. 4. Lordrift that all statements made on this application form are true and correct. I understand that misrepresentation of this information in any material way may result in wheing withdrawn from the Study Abroad/Field School Program. The information and Protection Privacy Act. Any questions concerning the collection and use of this information should be directed to the Office of Global			your ability to access the learning				
DALS to provide information on your disability and needs to the Manager, International Projects, Partnerships and Global Education, OGE. Are there any concerns regarding your health, family history or other matters that you would like to discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor? Please add any relevant comments below: Please add any relevant comments below: I understand vaccinations may be required by the college or by the country to which 1 am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risk against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. 2. Understand that 1 am responsible for ensuing I follow the OCE recommendations to purchase appropriate travel and medical insurance for the entire time I am awy from British Columbia and that 1 mus provide evidence of this to the OGE. 3. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to the seplolicatin form are true and correct. I understand that misrepresentation of this information in any material way may result in my being withdrawn from the Study Abroad/Field School Program. The information on this form is collected under the authority of the College and Institute Act. The use of this information will be in compliance with the Freedom of Information and Protection Privacy Act. Any questions concerning the collection and use of this information should be directed to the Office of Global Engagement.	Other:						
discuss with the Manager, International Projects, Partnerships and Global Education or lead instructor? Please add any relevant comments below: 1. I understand vaccinations may be required by the college or by the country to which I am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. 2. I understand that I am responsible for ensuing I follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time I am away from British Columbia and that I must provide evidence of this to the OGE. 3. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these rules while I am a student at the college. 4. I certify that all statements made on this application form are true and correct. I understand that misrepresentation of this information in any material way may result in my being withdrawn from the Study Abroad/Field School Program. The information and Protection Privacy Act. Any questions concerning the collection and use of this information should be directed to the Office of clobal Engagement. I have completed this application to the best of my abilities and understand that any inaccuracies or omissions may result in the cancellation of my participation in the Study Abroad program. Full Name: Signature: Date: Oncee completed, please submit the full applic	DALS to provide information on your dis	ability and needs to the M					
Please read the following before signing this document 1. I understand vaccinations may be required by the college or by the country to which I am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. 2. I understand that I am responsible for ensuring I follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time I am away from British Columbia and that I must provide evidence of this to the OGE. 3. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these rules while I am a student at the college. 4. I certify that all statements made on this application form are true and correct. I understand that misrepresentation of this information in any material way may result in my being withdrawn from the Study Abroad/Field School Program. The information on this form is collected under the authority of the College and Institute Act. The use of this information should be directed to the Office of Global Engagement. I have completed this application to the best of my abilities and understand that any inaccuracies or omissions may result in the cancellation of my participation in the Study Abroad program. Full Name: Signature: Date: Once completed, please submit the full application to istudyabroad@nic.bc.ca. Partial application will not be accepted.							
1. I understand vaccinations may be required by the college or by the country to which I am travelling. It is my responsibility to learn as much as possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. 2. I understand that I am responsible for ensuing I follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time I am away from British Columbia and that I must provide evidence of this to the OGE. 3. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these rules while I am a student at the college. 4. I certify that all statements made on this application form are true and correct. I understand that misrepresentation of this information in any material way may result in my being withdrawn from the Study Abroad/Field School Program. The information on this form is collected under the authority of the College and Institute Act. The use of this information should be directed to the Office of Global Engagement. I have completed this application to the best of my abilities and understand that any inaccuracies or omissions may result in the cancellation of my participation in the Study Abroad program. Full Name: Signature: Date: Once completed, please submit the full application to isstudyabroad@nic.bc.ca. Partial application will not be accepted. Office use only:	Please add any relevant comments b	elow:					
possible about the risks of the venture, to weigh these risks against the advantages, and to decide whether or not to participate. I agree to attend a travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. 2. I understand that I am responsible for ensuring I follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time I am away from British Columbia and that I must provide evidence of this to the OGE. 3. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these rules while I am a student at the college. 4. I certify that all statements made on this application form are true and correct. I understand that misrepresentation of this information in any material way may result in my being withdrawn from the Study Abroad/Field School Program. The information on this form is collected under the authority of the College and Institute Act. The use of this information should be directed to the Office of Global Engagement. I have completed this application to the best of my abilities and understand that any inaccuracies or omissions may result in the cancellation of my participation in the Study Abroad program. Full Name: Signature: Date: Once completed, please submit the full application to istudyabroad@nic.bc.ca. Partial application will not be accepted. Office use only:							
Freedom of Information and Protection Privacy Act. Any questions concerning the collection and use of this information should be directed to the Office of Global Engagement. I have completed this application to the best of my abilities and understand that any inaccuracies or omissions may result in the cancellation of my participation in the Study Abroad program. Full Name: Signature: Once completed, please submit the full application to istudyabroad@nic.bc.ca. Partial application will not be accepted. Office use only:	 travel clinic, as recommended by OGE, to get information about and consider all vaccinations recommended. I understand that I am responsible for ensuring I follow the OGE recommendations to purchase appropriate travel and medical insurance for the entire time I am away from British Columbia and that I must provide evidence of this to the OGE. I agree to abide by the rules and regulations of North Island College, the OGE, and the Study Abroad/Field School Program, as well as any changes that may be made to these rules while I am a student at the college. I certify that all statements made on this application form are true and correct. I understand that misrepresentation of this information in any material 						
cancellation of my participation in the Study Abroad program. Full Name: Signature: Date: Once completed, please submit the full application to istudyabroad@nic.bc.ca. Partial application will not be accepted. Office use only:	Freedom of Information and Protection Privacy Act. Any questions concerning the collection and use of this information should be directed to the Office of						
Once completed, please submit the full application to <u>istudyabroad@nic.bc.ca.</u> Partial application will not be accepted. Office use only:							
Office use only:	Full Name:	Signature:		Date:			
•	Once completed, please submit the	e full application to istudya	broad@nic.bc.ca. Partial application w	vill not be acc	epted.		
		Pending:	Date:				