

Team ARTHUR Sahara Challenge

21 - 28 March 2020

Please email this **completed form** with a photo/scan of your **passport** data page to: amy.bidwell@arhc.org.uk

Alternatively you may post to: **Freepost ARTHUR RANK HOSPICE CHARITY**

This is a complete address and no stamp is required

Please complete all sections of the form below in **BLOCK CAPITALS**

Your Details (please complete your name exactly as it appears on the passport you will travel with)

Title (Mr, Mrs Miss, Ms, Dr): _____

First name: _____

Prefer to be known as: _____

Middle names: _____

Surname: _____

Full address and postcode: _____

Email address: _____

Telephone number: _____

Mobile number: _____

Date of birth: (DD/MM/YYYY) _____

Marital status: _____

Gender: _____

Age at time of travel: _____

Do you have any dietary requirements or preferences (e.g. vegetarian/ allergies)? Yes No

If yes, please specify:

If allergies, do you carry an Epi-Pen?

Please note: the names given here must be exactly the same as on the passport you will travel with. If you provide the incorrect details any name-change surcharges are payable by you.

Your Passport Details (please enclose a photocopy of your passport photo page)

Passport number: _____

Nationality on passport: _____

Date of passport issue: (DD/MM/YYYY) _____

Date of passport expiry: (DD/MM/YYYY) _____

I have enclosed a copy of my passport: Yes No

We recommend that your passport is valid for six months from the date of entry to the country.

NOTE: If your passport details are changing before departure please indicate this here and apply for your new documents as soon as possible.

Your Next of Kin Details (someone **not** travelling with you that can be contacted in an emergency)

Next of kin full name: _____

Relationship to you: _____

Email address: _____

Telephone (home): _____

Mobile: _____

Telephone (work): _____

Full address and postcode: _____

Room Arrangements

Accommodation will be on a shared basis unless otherwise noted on the trip itinerary. Please state the name of anyone with whom you specifically wish to share a room.

If you are a couple and require a double room (if available), please tick this box

Travel Insurance Details

Travel insurance is mandatory and you are recommended to purchase it at the time of booking as this may protect your non-refundable registration fee in the event of unexpected cancellation prior to the challenge.

You are responsible for ensuring that all activities you undertake during the trip (including emergency rescue, trekking and community project work etc.) are covered by your insurance policy. If you do not have a travel insurance policy please see page 6 for more information.

Travel insurance provider: _____

Travel insurance policy number: _____

Travel insurance 24hr emergency assistance telephone number*: _____

*The 24 hour emergency assistance telephone number is the number that would be called in the event of a medical emergency occurring while you are travelling, for example to arrange airlifting or hospital treatment. This number is NOT your next of kin contact details.

Registration Fee The registration fee is payable at the time of booking. It is non-refundable and is in addition to your fundraising target.

Option 1: I wish to pay the registration fee of **£375** by credit/debit card. (tick and complete below)

Credit/debit card type: _____

Name on card: _____

Card number (16 digits): _____

Start Date: _____

Expiry Date: _____

CV2 code (3 digits): _____

Issue Number: _____

House no. where card is registered: _____

Postcode: _____

Option 2: I wish to pay the registration fee of **£375** by bank transfer. Please contact me to arrange this. (tick)

Option 3: I enclose a cheque for the registration fee of **£375** payable to **Arthur Rank Hospice Charity**. (tick)

Payment Options

Option 1: Fundraising

- I understand that my participation in this event is subject to me fundraising at least **£1,990** for Arthur Rank Hospice Charity, and I will pay this to the charity no later than **27th December 2019**. (tick)
- I understand that the fundraising figure is **in addition to, and separate from** the registration fee. (tick)

Option 2: Self-funded

- I understand that my participation in this event is subject to me paying my own trip cost balance of **£995** by **27th December 2019**. (tick)
- I also pledge to fundraise at least **£995** for Arthur Rank Hospice Charity by **27th December 2019**. (tick)
- I understand that the £995 fundraising target is **in addition to, and separate from** the £375 registration fee and £995 self-funded balance and that none of the funds raised will be used to pay for my trip costs. (tick)

Gift Aid and Fundraising

When you register for the Team ARTHUR Sahara Challenge you will be asked to complete a fundraising agreement which outlines the fundraising Terms and Conditions of your participation by Arthur Rank Hospice Charity including information about Gift Aid, appropriate logo usage and much more.

A copy of these Terms and Conditions can be found on page 7 of this form for your reference.

You are also recommended to read the HMRC guidelines surrounding Gift Aid and fundraising for charity events here: <https://www.gov.uk/guidance/gift-aid-what-donations-charities-and-cascs-can-claim-on#the-benefit-rule>.

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Medical Declaration Form

It is for your own safety that we find out as much as possible about your medical history to ensure that you can cope with the demands of the trip safely and without risk to your health. Your answers will be treated in the strictest confidence. It is a condition of your registration that you give full and accurate details. If any details change you must update us and your travel insurance company.

Please complete this form clearly in **BLOCK CAPITALS**

Full Name: _____

Blood Group (if known) _____

Height: _____

Weight: _____

Trip name: ARHC Sahara Challenge

Trip Dates: 21 – 28 March 2020

Do you suffer from (now or in the past) any of the following?	Please provide FULL details including medication used, severity etc. Continue on separate sheet if necessary.
1) Raised <input type="checkbox"/> or low <input type="checkbox"/> blood pressure? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2) Heart or circulatory disease? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3) Epilepsy/ seizures / convulsions? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4) Psychiatric disorder(s) / depression? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5) Vertigo / balance disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6) Fainting or blackouts? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7) Diabetes? Which type? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8) Cerebral disease? (e.g. stroke/head injury) Yes <input type="checkbox"/> No <input type="checkbox"/>	
9) Haematological or blood disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
10) Asthma <input type="checkbox"/> / lung conditions <input type="checkbox"/> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11) Digestive or bowel disorders? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12) Joint or back injuries/problems? Yes <input type="checkbox"/> No <input type="checkbox"/>	
13) Carrier of infectious diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14) Registered disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15) Fractures <input type="checkbox"/> , tendon <input type="checkbox"/> , ligament <input type="checkbox"/> , cartilage damage <input type="checkbox"/> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
16) Physical disability or other disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>	
17) Are you pregnant now? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18) Migraine? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19) Allergies (e.g. hay fever <input type="checkbox"/> , food <input type="checkbox"/> , drugs <input type="checkbox"/> etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
20) Hospitalised /surgery in last 2 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21) Obesity (BMI of 30 or above)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22) Awaiting surgery/tests/investigations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
23) Any illness or condition not mentioned? Yes <input type="checkbox"/> No <input type="checkbox"/>	
24) Do you take any medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	

The following section should be completed by your doctor/physician if you have answered 'YES' to any of the questions on the medical form above.

The person named above is applying to join an 8 day organised trip during which he/she will be subject to a variety of living conditions and daily exertion. They will first be involved in 1.5 days' basic supervised manual work (e.g. painting, gardening) at a Marrakech community project, then will trek in the Moroccan Sahara desert for up to 8 hours per day for 2 full and 2 half days over rough terrain, carrying a rucksack weighing 4-6kg, and involving extremes of temperatures (40C highs, 0C lows). Participants will stay in tents. The event is within 24 hours of hospital back up. With the above information, and considering the medical history of the participant, if there is any matter which you feel that The Different Travel Company Ltd should be aware, please supply details on a separate sheet. If you require more details contact The Different Travel Company Ltd on 0788 169 8623 or info@different-travel.com.

I have read the above paragraph and agree that the participant's medical details are correct.

Doctor's Signature: _____

Doctor's Name (Block Capitals Please): _____

Date: _____ Practice Address: _____

Declaration

Important – Please read carefully before signing

I confirm that all the information provided on this booking and medical form is to the best of my knowledge true and correct. My medical declaration is a true and accurate description of my medical history and current condition and I give permission for my GP, consultant or specialist to release information pertinent to the challenge to The Different Travel Company if required.

I understand that by giving false information I endanger both my own safety and that of others on the trip. I take responsibility for ensuring I have sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur. I also understand that failure to disclose a pre-existing medical condition could invalidate my travel insurance and endanger myself and other team members, and that I am responsible for declaring any pre-existing medical conditions directly to my insurance company prior to departure.

I agree to permit first aid trained personnel the opportunity to tend to an illness, injury or any other medical condition as far as their training permits until specialist care can be sought, if required. I agree to accept responsibility for any and all costs associated with any illness, injury or other medical condition that may happen to me during this trip.

Where medical conditions are declared I agree to sign a separate disclaimer in respect of these conditions if required. I understand that this event requires a certain level of fitness and is physically testing and that if I am deemed to be unfit for the challenge I may be asked to leave the group.

I acknowledge that any dietary requirements, including food allergies, will be catered for to the best of The Different Travel Company's, and our local partners', ability however we cannot guarantee that food preparation will have taken place in a contamination free environment.

In the unlikely event of an accident, loss or damage to my personal effects, illness, injury or other untoward occurrence arising from any medical condition, I acknowledge that The Different Travel Company cannot accept any liability or expenses (other than to the extent that death or personal injury arises as a result of its negligence) and I waive all claims against The Different Travel Company in this respect.

I confirm that have read and accept the terms and conditions (available on <http://www.different-travel.com/faq.php#thetours>) and undertake to abide by the rules and conditions. I confirm that I will verify with my current /future insurance company that my policy (will) cover(s) everything involved in the challenge. I understand that The Different Travel Company cannot be held responsible for any loss arising from my failure to ensure I have adequate insurance cover for all activities involved. I understand that single and group photos may be taken of me during the challenge and I am happy for any photographs to be used for marketing and future publications.

Signed

Print Name

Date

Data Protection Please be assured that we have measures in place to protect the personal booking information held by us. Your data will be shared by Arthur Rank Hospice Charity to The Different Travel Company and the relevant suppliers of your travel arrangements in order to make your travel arrangements. The information may also be provided to public authorities such as Customs or Immigration if required by them, or as required by law, and may also be used for statistical purposes in the future. If we cannot pass this information to the suppliers necessary to make your travel arrangements, whether in the EEA or not, we will be unable to provide your booking. For our full privacy policy, please see <http://www.different-travel.com/privacy.php>

Communication Your contact details will never be shared with third parties for marketing purposes.

If you would like to receive marketing correspondence from The Different Travel Company, please tick here:

If you would like to receive marketing correspondence from the Arthur Rank Hospice Charity, please tick here:

ATOL Protection This flight-inclusive holiday is financially protected by the ATOL scheme. When you pay you will be supplied with an ATOL Certificate. Please ask for it and check to ensure that everything you booked (flights, hotels and other services) is listed on it. Please see our booking conditions for further information or for more information about financial protection and the ATOL Certificate go to: www.atol.org.uk/ATOLCertificate

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TREKKER: THIS IS YOUR PAGE TO KEEP!

TRAVEL INSURANCE

You are **required** to have travel insurance to participate in this trip. We advise that travel insurance is purchased at the time of, or shortly after booking as depending on your policy, this may protect your registration fee in the event of cancellation as well as protecting you during the trip. Your insurance policy must include airlifting / helicopter evacuation and community project work.

Campbell Irvine Direct policies have been specifically designed to cover unique trips. 24-hour Worldwide Emergency Medical Service is supplied and you are automatically covered for activities such as manual work, trekking, extreme sports and - should you want to - even bungee jumping! For full details contact please refer to the Campbell Irvine Direct website: <http://www.campbellirvinedirect.com/differenttravel>.

FINANCES

Your registration fee of **£375** is non-refundable and therefore it is important to have travel insurance to protect you in the event of you cancelling due to unexpected events such as illness, injury or bereavement etc. This must be organised as soon as possible after booking.

Please note that the registration fee is separate from and in addition to your fundraising target or self-funded balance (if applicable).

Fundraising option: Your fundraising target is **£1,990** and this must be paid in full to Arthur Rank Hospice Charity at least 12 weeks before departure, **27th December 2019**, in order to confirm your place.

Self-funded option: Your self-funded balance is **£995**, and your fundraising target is **£995**. Both figures must be paid in full to Arthur Rank Hospice Charity at least 12 weeks before departure, **27th December 2019**, in order to confirm your place.

COMMUNICATION

To meet their environmentally friendly aims of being paper-free, The Different Travel Company tries to keep all communication electronic (email and phone) so please add @different-travel.com to your email 'safe sender' list and regularly check your junk folder to avoid missing correspondence which will be sent by email.

Your pre-tour information containing flight details and other important information will be emailed 8 weeks before departure once your fundraising has been paid to the charity. Flight e-tickets will be emailed to you two weeks before departure.

If any of your details change (e.g. passport details, mobile number, medical health) between the time of the booking and departure you must inform The Different Travel Company as soon as possible on info@different-travel.com.

If you have any questions about the trip, the kit or would like advice from someone who has experienced this challenge themselves, feel free to get in touch with The Different Travel Company on info@different-travel.com.

Arthur Rank Hospice Charity contact details:

Amy Bidwell

T 01223 675888

E amy.bidwell@arhc.co.uk

We wish you all the best with your fundraising!

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Fundraising Terms and Conditions

Arthur Rank Hospice Charity agree that we will:

1. Issue a charity place and liaise with the event organiser.
2. Support you with fundraising expertise including use of charity fundraising collateral.
3. Assist with training and preparations for your challenge in conjunction with our expert partners.
4. Publicise your fundraising efforts through our media networks, if permitted.
5. Issue up to date fundraising progress reports as requested.

I agree that I will:

1. Use my best endeavours to raise at least the minimum sponsorship for Arthur Rank Hospice, by the date stated in my confirmation letter / email.
2. Upon receiving instructions to register my place in the event, I am solely responsible for ensuring registration by the date requested. Failure to do so may result in forfeiting my place.
3. Record details (names and addresses) and amount donated or pledged, by all donors, and provide such details to Arthur Rank Hospice Charity as requested. (Fundraising websites such as Justgiving or Virgin Money will do this for you and we will provide sponsorship forms to assist you in this task.)
4. Due to HMRC guidelines, Gift Aid cannot be claimed on donations from immediate family when opting for the fundraising option. Visit <https://www.gov.uk/guidance/gift-aid-what-donations-charities-and-cascs-can-claim-on#sponsored-challenges> for more information.
5. Obtain and pay to Arthur Rank Hospice Charity all sums pledged by the date specified in your confirmation letter / email.
6. Ensure that all donations made by cheque from the donor are payable to Arthur Rank Hospice Charity.
7. Not collect in any public place without first obtaining a collector's license from the local authority.
8. Not collect on private property (shops, pubs etc) without first obtaining the permission of the owner.
9. Not collect any raffle or lottery without first contacting the charity.
10. Contact Arthur Rank Hospice Charity well in advance of putting on any public event.
11. Not reproduce the Arthur Rank Hospice Charity logo and obtain all fundraising materials direct from the charity.
12. Not do anything to bring the name of the charity into disrepute. I understand that Arthur Rank Hospice Charity may terminate my rights to fundraise at any time.
13. In the event that I am unable to take part, I must inform the charity and my donors immediately allowing them the option to have their donation refunded. Where possible, the charity will transfer my place in the hope that the minimum sponsorship target can be reached by another participant. As this isn't always possible, bearing in mind that all places are bought using charitable funds, we would ask that you consider making a donation to cover or contribute to the cost of your place.
14. If I am unable to take part in the above event due to an injury, it is possible to self-fund another challenge and continue fundraising. The cost of the original place will be deducted from the fundraising total.