

FLINDERS OVERSEAS HEALTH GROUP

TRIP REGISTRATION FORM

This information **must** be supplied at least 4 weeks prior to departure.
Failure to receive completed information will preclude your involvement in the visit and WILL jeopardise the whole trip.

DATE OF TRIP:.....

TEAM LEADER:.....

NAME:.....

DOB:.....

ADDRESS:.....

.....POST CODE:.....

MAILING ADDRESS (if different):.....

.....POST CODE:.....

TELEPHONE: (H).....

(W).....

(M).....

Email:.....

Next of Kin

Name:.....

Contact details (phone home or work/email).....

.....

Professional role:.....

Current registration (tick box):

Medical	
Nursing	
Allied health	

Registration number.....

Medical indemnity (if applicable):

Name of Insurer:.....

Special interests/skills:

.....

Police Check (provide copy of check within last 5 years):

Yes	
No	

Travel insurance

Company name:.....

Policy number:.....

Agent contact number:.....

HEALTH REQUIREMENTS

Allergies:.....

.....

.....

Mandatory vaccination requirements (tick box):

Hepatitis A	
Hepatitis B	
Tetanus	
Influenza	

I consent to take malaria prophylaxis (Tick box):

Yes	
No	

Details of MALARIA PROPHYLAXIS medication:.....

I have read and understood the current Australian Department of Foreign Affairs and Trade travel advisory for Indonesia at www.smartraveller.com.au

Signature:.....Date:.....

SEND 2 completed copies, one to your team leader and one to fohg@bigpond.com

ACKNOWLEDGEMENT OF TEAM MEMBERSHIP MUST BE RECEIVED BEFORE VOLUNTEERS CAN PARTICIPATE IN A TRIP