# Form 5 – Traveller’s Personal Information (Policy 4000-5-11)

This form must be completed by the traveller and submitted to the travel leader at least two weeks before the departure of the trip.

|  |  |
| --- | --- |
| Traveller’s Name: |  |
| Status: | * Student
* Faculty
* Employee
* Associate
 |
| Trip: |  |
| Travel Period: |  |

## Traveller’s Information

Traveller’s Name on Passport:

Student/Employee #:

Current Address:

City: Postal Code:

Email Address:

### Passport Information

Passport Number:

Expiry Date: Country of Issue:

### Emergency Contact

Name:

Relationship:

Current Address:

City: Postal Code:

Email Address:

Phone Number:

### Medical Insurance

Government Health Plan:

Travel Medical Insurance Plan Provider:

Travel Plan Number:

Phone Number (to activate plan):

Should the trip leader be aware of any medical conditions or medications you are taking: