**DATE REC: \_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Personal Details**  |
| Name: | Date of Birth:  |
| Easiest contact telephone number: Email: | Gender: |
| **Dates of trip** |
| Date of departure |  |
| Return date of overall length of trip |  |
| **Itinerary and purpose of visit**  |
| Countries to be visited | Length of stay  | Away from medical help at destination, if so, how remote?  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Any future travel plans? |
| **Please tick as appropriate below to best describe your trip** |
| Type of trip | Business |  | Pleasure  |  | Other  |  |
| Holiday type | Package |  | Self Organised |  | Backpacking  |  |
| Camping  |  | Cruise ship |  | Trekking |  |
| Accommodation | Hotel  |  | Relatives/family home |  | Other |  |
| Travelling | Alone |  | With family/friend |  | In a group |  |
| Staying in the area which is | Urban |  | Rural  |  | Altitude |  |
| Planned activities | Safari |  | Adventure  |  | Other  |  |