

HOTEL AND CULINARY GLOBAL IMMERSION (FEBRUARY 29 - MARCH 8, 2020)		PROGRAM:
DESTINATION COUNTRY: GERMANY & FRANCE		
FIRST & LAST NAMES (EXACTLY AS THEY WILL APPEAR ON YOUR PASSPORT):		ACC STUDENT NUMBER:
(SURNAME)	(GIVEN NAMES)	
CONTACT INFORMATION: (TICK EACH BOX AS YOU COMPLETE IT) CHECK YOUR MYACC ACCOUNT FIRST & THEN ANSWER THE QUESTIONS		START AT ACC: YEAR: _____ FALL/WINTER
CORRECT MAILING ADDRESS ON MYACC? <input type="checkbox"/> CORRECT PHONE NUMBER ON MYACC? <input type="checkbox"/>		DATE OF BIRTH: ____/____/____ DAY MONTH YEAR
I HAVE PROVIDED AN ALTERNATE PHONE NUMBER ON MYACC. YES <input type="checkbox"/> NO <input type="checkbox"/>		
I UNDERSTAND THAT ALL EMAIL CORRESPONDENCE WILL COME THROUGH MY ASSINIBOINE STUDENT EMAIL. <input type="checkbox"/>		
WILL YOU BE TRAVELLING ON A CANADIAN PASSPORT: YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, FROM WHICH COUNTRY? _____		
STUDENTS WITH PASSPORTS FROM OTHER COUNTRIES OTHER THAN CANADA, MAY BE REQUIRED TO OBTAIN A VISA		
DO YOU CURRENTLY HAVE A PASSPORT? NO <input type="checkbox"/> YES <input type="checkbox"/>		
IF YES, LIST THE PASSPORT NUMBER AND EXPIRY DATE: _____		
IF NO, DATE BY WHICH 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 don't have a valid passport, submit the passport 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? YES <input type="checkbox"/> NO <input type="checkbox"/>		
PLEASE NOTE: EVEN WITH A LEGITIMATE CANADIAN PASSPORT, IT DOES NOT GUARANTEE YOUR RIGHT TO TRAVEL OUT OF THE COUNTRY, ESPECIALLY IF YOU HAVE A CRIMINAL RECORD. THIS MIGHT PRECLUDE YOU TO ENTER OR TRANSIT THROUGH SOME COUNTRIES AND PARTICIPATE IN THE IMMERSIONS. IT IS THEREFORE YOUR RESPONSIBILITY TO ENSURE YOU ARE LEGALLY ALLOWED TO TRANSIT THROUGH OR TRAVEL TO OTHER COUNTRIES.		
NAMES OF 2 EMERGENCY CONTACTS: RELATIONSHIP: PHONE NUMBERS (DAY AND EVENING): EMAIL:		
1.		
2.		

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 PROVIDED BY MANITOBA HEALTH AND CONSIDER ALL VACCINATIONS RECOMMENDED.
2. I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING I HAVE APPROPRIATE TRAVEL AND MEDICAL INSURANCE FOR THE ENTIRE TIME I AM AWAY FROM MANITOBA AND THAT I MUST PROVIDE EVIDENCE OF THIS TO THE OFFICE OF GLOBAL CITIZENSHIP ENGAGEMENT COORDINATION.
3. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF ASSINIBOINE COMMUNITY COLLEGE, THE OFFICE OF ASSINIBOINE INTERNATIONAL, AND THE GLOBAL IMMERSION PROGRAM, AS WELL AS ANY CHANGES THAT MAY BE MADE WHILE I AM A STUDENT AT THE COLLEGE.
4. THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND THE PERSONAL HEALTH INFORMATION ACT AT ASSINIBOINE COMMUNITY COLLEGE
THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA) AND THE PERSONAL HEALTH INFORMATION ACT (PHIA) BOTH APPLY TO ASSINIBOINE COMMUNITY COLLEGE. SHOULD ANY OF THE COLLEGE'S POLICIES CONFLICT WITH FIPPA OR PHIA, THE PROVISIONS OF FIPPA OR PHIA SHALL PREVAIL UNLESS OTHERWISE EXPRESSLY PROVIDED FOR AT LAW.
5. NOTICE REGARDING COLLECTION, USE, AND DISCLOSURE OF PERSONAL INFORMATION BY THE COLLEGE
THE COLLEGE COLLECTS PERSONAL INFORMATION IN THE COURSE OF ADMISSION, REGISTRATION AND RELATED ACTIVITIES. THIS PERSONAL INFORMATION IS COLLECTED UNDER THE AUTHORITY OF THE COLLEGES ACT. IT MAY BE DISCLOSED TO OTHER EDUCATIONAL INSTITUTIONS, GOVERNMENT DEPARTMENTS, CO-SPONSORING ORGANIZATIONS, ASSINIBOINE COMMUNITY COLLEGE ALUMNI ASSOCIATION AND/OR ASSINIBOINE COMMUNITY COLLEGE STUDENTS' ASSOCIATION. INFORMATION REGARDING GRADUATION AND AWARDS MAY BE MADE PUBLIC. UPON GRADUATION, THE STUDENT'S NAME, ADDRESS, EMAIL ADDRESS, AND CREDENTIAL INFORMATION WILL BE PROVIDED TO AND MAINTAINED BY THE ASSINIBOINE COMMUNITY COLLEGE FOUNDATION AND THE ALUMNI ASSOCIATION, IN ORDER TO ASSIST THE COLLEGE'S ADVANCEMENT AND DEVELOPMENT EFFORTS. APPLICATION DATA MAY ALSO BE USED TO CONDUCT RESEARCH INTO COLLEGE ENROLMENT AND RELATED STATISTICAL PROFILING AND REPORTING ACTIVITIES. THE PROTECTION OF PRIVACY PROVISIONS OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT PROTECT ALL PERSONAL INFORMATION. IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION OF THIS INFORMATION CONTACT THE FIPPA/PHIA COORDINATOR'S OFFICE, 1430 VICTORIA AVENUE EAST, BRANDON, MANITOBA, CANADA, R7A 2A9 204.725.8700 EXT 6199

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 GLOBAL IMMERSION PROGRAM.

I AUTHORIZE ASSINIBOINE COMMUNITY COLLEGE TO USE MY NAME, MY PHOTOS AND ANY MATERIALS PRODUCED DURING THE EXPERIENCE IN FUTURE PROGRAM MATERIAL APPEARING IN BROCHURES, POSTERS, PRESENTATIONS, WEBSITES, ETC.
YES NO

SIGNATURE _____

DATE _____

THIS APPLICATION IS DUE ON OCTOBER 25, 2019