

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| F) Have you ever been accused of, or involved in an incident involving sexual or physical abuse of a child? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| G) Do you have any special dietary requirements? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| H) Are you prepared to financially make provision for any dietary requirements. E.g. gluten allergy. | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

IF YOU HAVE ANSWERED **YES** TO ANY OF THE ABOVE QUESTIONS, PLEASE **EXPLAIN** BELOW:

I DECLARE THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE

YES NO

PARTICIPANT NAME

PARTICIPANT SIGNATURE _____

Please submit the following the following with your application:

- Proof of Student Status
- CV/Resume
- Copy of Travel Insurance
- Proof of Funds
- Police Clearance
- Passport (bio page)
- Flight Itinerary