

# PARTICIPANT APPLICATION FORM

FOR OFFICE USE ONLY	RALEIGH ID: _____
	PROGRAMME ID: _____
	RALEIGH A/C: _____



## PERSONAL DETAILS

FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ FAMILY/SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ SEX:  M  F

COUNTRY: \_\_\_\_\_ POSTCODE/ZIP CODE: \_\_\_\_\_

DAYTIME TELEPHONE (INCLUDING INT CODE): \_\_\_\_\_ EVENING TELEPHONE: \_\_\_\_\_

MOBILE/CELL/HANDPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

## NEXT OF KIN DETAILS

DETAILS OF ANY CHANGE TO NEXT OF KIN MUST BE GIVEN TO HEAD OFFICE IMMEDIATELY IN WRITING, SIGNED AND DATED BY YOU

FIRST NAME: \_\_\_\_\_ FAMILY/SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ POSTCODE/ZIP CODE: \_\_\_\_\_

DAYTIME TELEPHONE (INCLUDING INT CODE): \_\_\_\_\_ EVENING TELEPHONE: \_\_\_\_\_

MOBILE/CELL/HANDPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ DOES THIS PERSON SPEAK ENGLISH? IF NOT WHAT IS THEIR FIRST LANGUAGE? \_\_\_\_\_

## PASSPORT DETAILS

IT IS ESSENTIAL THAT WE RECEIVE YOUR CORRECT PASSPORT DETAILS AT LEAST THREE MONTHS BEFORE YOUR PROGRAMME BEGINS SO THAT WE CAN OBTAIN CLEARANCE FROM THE NECESSARY AUTHORITIES. PLEASE COMPLETE THE DETAILS BELOW AND ENSURE YOU SEND US A PHOTOCOPY OF THE PHOTO PAGE OF YOUR PASSPORT. YOUR PASSPORT SHOULD BE VALID FOR AT LEAST SIX MONTHS AT THE DATE OF YOUR RETURN TO THE UK. IF THIS IS DUE TO EXPIRE PLEASE SEND US A COPY OF YOUR CURRENT PASSPORT AND APPLY FOR A NEW ONE

PASSPORT NUMBER: \_\_\_\_\_ CITY, COUNTRY OF ISSUE: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_ DATE OF EXPIRY: \_\_\_\_\_

## YOUR PROGRAMME

### COUNTRY AND DATE

1<sup>ST</sup> CHOICE: \_\_\_\_\_

10 WEEKS £2,995  7 WEEKS £2,250  5 WEEKS £1750  4 WEEKS £1,500

2<sup>ND</sup> CHOICE: \_\_\_\_\_

10 WEEKS £2,995  7 WEEKS £2,250  5 WEEKS £1750  4 WEEKS £1,500

### MINIMUM FUNDRAISING TARGETS

## EDUCATION / TRAINING / EMPLOYMENT

PLEASE TELL US ABOUT YOURSELF SO THAT WE CAN PLAN AND MONITOR OUR MARKETING ACTIVITIES BETTER. PLEASE TICK ONE OF THE FOLLOWING BOXES WHICH BEST DESCRIBES WHAT YOU ARE DOING NOW AND GIVE NAME AND TOWN OF EMPLOYER/EDUCATIONAL ESTABLISHMENT

- I AM AT/HAVE JUST FINISHED STATE SCHOOL/SIXTH FORM COLLEGE \_\_\_\_\_ NAME AND TOWN \_\_\_\_\_
- I AM AT/HAVE JUST FINISHED INDEPENDENT SCHOOL \_\_\_\_\_ NAME AND TOWN \_\_\_\_\_
- I AM AT/HAVE JUST FINISHED UNIVERSITY/HIGHER EDUCATION \_\_\_\_\_ NAME AND TOWN \_\_\_\_\_
- I AM IN/WAS IN FULL TIME EMPLOYMENT/TRAINING \_\_\_\_\_ NAME AND TOWN \_\_\_\_\_

PLEASE TICK ONE OF THE FOLLOWING BOXES WHICH BEST DESCRIBES THE STAGE OF YOUR LIFE WHEN YOU WILL BE PARTICIPATING IN A RALEIGH OVERSEAS PROGRAMME.

- GAP YEAR – Planned between school and university/further education; will apply for further education during gap year
- DURING A SABBATICAL FROM WORK/TRAINING I will be returning to same employment/training
- GAP YEAR – I have deferred my university place/further education
- TIME OUT BETWEEN TWO DIFFERENT JOBS
- GAP YEAR – I didn't get the university/further education place I wanted so will apply at a later stage
- DURING A CAREER BREAK I'm taking time out to consider my options
- HOLIDAY BREAK DURING UNIVERSITY/FURTHER EDUCATION
- OTHER \_\_\_\_\_
- YEAR OUT FOLLOWING UNIVERSITY/FURTHER EDUCATION \_\_\_\_\_

## WHERE DID YOU HEAR FIRST ABOUT RALEIGH?

**MAGAZINES/NEWSPAPERS      WEBSITES/SEARCH ENGINES      WORD OF MOUTH / BOOKS      SCHOOL / UNIVERSITY      RALEIGH PARTNERS**

PLEASE TICK JUST ONE BOX

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> CAREERSCOPE               | <input type="checkbox"/> SEARCH ENGINE             | <input type="checkbox"/> PREVIOUS PARTICIPANT          | <input type="checkbox"/> SCHOOL/UNI TALK          | <input type="checkbox"/> YEAR OUT GROUP                 |
| <input type="checkbox"/> SPRINGBOARD/HOBSONS       | <input type="checkbox"/> WEBSITE<br>Please specify | <input type="checkbox"/> OTHER PERSONAL RECOMMENDATION | <input type="checkbox"/> SCHOOL/UNI POSTER        | <input type="checkbox"/> YEAR IN INDUSTRY               |
| <input type="checkbox"/> PROSPECTS WORK EXPERIENCE |  | <input type="checkbox"/> THE GAP-YEAR GUIDEBOOK        | <input type="checkbox"/> SCHOOL/UNI CAREERS FAIR  | <input type="checkbox"/> DUKE OF EDINBURGH AWARD SCHEME |
| <input type="checkbox"/> OTHER MAG ADVERT          |  | <input type="checkbox"/> OTHER BOOK                    | <input type="checkbox"/> CAREERS ADVISOR          |   |
| <input type="checkbox"/> NEWSPAPER ADVERT/ARTICLE  |  |  | <input type="checkbox"/> OTHER YOUTH ORGANISATION |   |

PLEASE SPECIFY NAME OF MAGAZINE/NEWSPAPER/WEBSITE/UNIVERSITY OR SCHOOL WHERE NOT INDICATED ABOVE \_\_\_\_\_

HAVE YOU ATTENDED A RALEIGH INFORMATION EVENT? PLEASE GIVE VENUE AND DATE \_\_\_\_\_

## WHY RALEIGH?

WE WOULD LIKE TO UNDERSTAND THE IMPORTANCE OF EACH OF THESE FACTORS IN INFLUENCING YOUR DECISION TO CHOOSE RALEIGH INTERNATIONAL OVER ANOTHER PROVIDER. FOR EACH FACTOR TICK ONE OF THE BOXES FROM 1 TO 3 WHERE 1 IS VERY IMPORTANT, 2 QUITE IMPORTANT AND 3 NOT IMPORTANT/NOT APPLICABLE

- |   |   |
|---|---|
| <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b>                           | <input type="checkbox"/> <b>1</b> <input type="checkbox"/> <b>2</b> <input type="checkbox"/> <b>3</b>                           |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TIMING OF PROGRAMME                                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RECOMMENDATION FROM EX RALEIGH PARTICIPANT           |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> COUNTRY CHOICE                                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RECOMMENDATION FROM OTHERS (FAMILY, FRIENDS, SCHOOL) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MIX OF PROJECTS                                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER FRIENDS PARTICIPATING IN RALEIGH PROGRAMME     |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MIX OF NATIONALITIES AND BACKGROUNDS PARTICIPATING   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER FACTOR (Please specify) _____                  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OPPORTUNITY TO DEVELOP A RANGE OF NEW SKILLS         | _____   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> QUALITY OF INFORMATION/PRESENTATION/INFORMATION DAYS | _____   |

## HEALTH/FITNESS/BACKGROUND

DIETARY REQUIREMENTS:  VEGETARIAN  NUT ALLERGY  OTHER \_\_\_\_\_

PLEASE TICK HERE ONCE YOU HAVE ENCLOSED THE MEDICAL FORM SIGNED BY YOUR DOCTOR

PLEASE CONFIRM WHETHER OR NOT YOU ARE ABLE TO SWIM AT LEAST 200 METRES UNAIDED  YES  NO

**PLEASE NOTE:** FOR SAFETY REASONS YOU SHOULD BE ABLE TO SWIM UNAIDED THE DISTANCE INDICATED. YOUR LIFE AND THE LIVES OF OTHERS COULD DEPEND ON THIS. IF YOU ARE UNABLE TO SWIM 200M UNAIDED YOUR CHOICE OF DESTINATION OR PROJECT SITES MAY BE RESTRICTED.

PART OF OUR SAFETY POLICY IS THAT APPLICANTS WITH A CRIMINAL RECORD, HISTORY OF SUBSTANCE ABUSE OR CLINICAL DEPRESSION ARE SCREENED TO CONFIRM THEIR SUITABILITY FOR THE PROGRAMME. IF THIS APPLIES TO YOU, YOU MUST CONTACT US. ANYTHING DISCUSSED WILL BE CONFIDENTIAL.

I HAVE NOTHING TO DECLARE

I WILL CONTACT RALEIGH

## YOUR FUNDRAISING AND PAYMENT METHOD

AS A CHARITY, WE ASK THAT YOU RAISE FUNDS ON OUR BEHALF. THESE FUNDS CONTRIBUTE TO ALL RALEIGH'S ACTIVITIES, BOTH IN THE UK AND OVERSEAS. IN-COUNTRY TRAVEL, HEALTH INSURANCE, FOOD, TRAINING, SPECIALIST EQUIPMENT AND ACCOMMODATION ARE ARRANGED AND PAID FOR BY RALEIGH WHILST YOU ARE ON YOUR PROGRAMME. THE FUNDRAISING TARGET EXCLUDES YOUR FLIGHT.

WHAT SIZE FREE T-SHIRT WOULD YOU LIKE

S  M  L  XL

WE ASK FOR A FIRST INSTALLMENT TO RALEIGH OF £200 IN UK STERLING WITH THIS FORM, WHICH WILL COUNT TOWARDS YOUR FUNDRAISING TARGET. IF YOU ARE AN INTERNATIONAL APPLICANT AND UNABLE TO PAY BY CHEQUE OR CREDIT CARD PLEASE CONTACT HEAD OFFICE FOR ALTERNATIVE PAYMENT METHODS.

PLEASE TICK ONE OF THE FOLLOWING TO CONFIRM YOUR PAYMENT METHOD

CHEQUE ENCLOSED (PLEASE MAKE PAYABLE TO RALEIGH)

CREDIT CARD

ALTERNATIVE PAYMENT  
ARRANGED WITH HEAD OFFICE

## CREDIT CARD DETAILS IF APPLICABLE

WE ACCEPT MAESTRO/SWITCH, DELTA, VISA, MASTERCARD

AMOUNT: £ \_\_\_\_\_ TYPE OF CARD: \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

VALID FROM: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ ISSUE NUMBER (IF APPLICABLE): \_\_\_\_\_

CARDHOLDER'S ADDRESS: \_\_\_\_\_

POSTCODE/ZIP CODE: \_\_\_\_\_

## DECLARATION

**"I HAVE READ, AND AGREED TO, RALEIGH'S TERMS AND CONDITIONS. I UNDERSTAND THAT ALL PROGRAMME DETAILS MAY BE SUBJECT TO CHANGE, AND THAT A PLACE IS PROVISIONALLY HELD FOR ME ON THE AFOREMENTIONED PROGRAMME. I ENCLOSE £200 AS THE FIRST INSTALLMENT TO MY MINIMUM FUNDRAISING TARGET."**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE CAN WE HAVE YOUR PARENTAL/GUARDIAN'S CONSENT OR THIS FORM WILL BE INVALID.

**"I HEREBY GIVE CONSENT TO THE ABOVE NAMED PERSON'S APPLICATION FOR A PLACE ON A RALEIGH OVERSEAS PROGRAMME."**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**"IN THE EVENT THAT MY IMAGE SHOULD APPEAR IN ANY PHOTOGRAPH TAKEN ON MY RALEIGH PROGRAMME I HEREBY CONSENT TO ITS USE IN THE UK AND OVERSEAS."** IF YOU ARE UNDER 18 YEARS OF AGE WE WILL NEED YOUR PARENTAL/GUARDIAN'S CONSENT.

SIGNED: \_\_\_\_\_

PLEASE TICK IF YOU DO NOT WANT US TO PASS YOUR CONTACT DETAILS TO OUR NETWORK OF VOLUNTEER SUPPORT GROUPS.

## CHECKLIST

**TO RESERVE YOUR PLACE:** PLEASE SEND IN THE COMPLETED APPLICATION FORM AND THE £200 INITIAL FUNDRAISING CONTRIBUTION

**TO CONFIRM YOUR PLACE:** PLEASE SUPPLY THE COMPLETED MEDICAL FORM SIGNED BY YOUR DOCTOR WITHIN FOUR WEEKS OF SUBMITTING YOUR APPLICATION

PLEASE RETURN THIS FORM TO AKASH ISLAM, RALEIGH, 207 WATERLOO ROAD, LONDON, SE1 8XD.

PLEASE CONTACT RECRUITMENT ON 020 7183 1283 OR [info@raleigh.org.uk](mailto:info@raleigh.org.uk) IF YOU HAVE ANY QUERIES.

## RALEIGH INTERNATIONAL TRUST – TERMS AND CONDITIONS

### YOU MUST READ THESE CAREFULLY BEFORE SIGNING UP FOR AN OVERSEAS PROGRAMME:

1. APPLICATION FOR AN OVERSEAS PROGRAMME IS MADE WITH RALEIGH TRUST (REGISTERED CHARITY NUMBER 1047653, KNOWN HEREAFTER AS THE "CHARITY" OR "RALEIGH")
2. **APPLICATION PROCESS:**  
**PARTICIPANTS AGED 17–24:** THE APPLICANT SHOULD RETURN TO THE CHARITY A COMPLETED AND SIGNED APPLICATION FORM, A MEDICAL FORM SIGNED BY A GP, AND A FIRST INSTALLMENT OF £200 WHICH IS TREATED AS NON-REFUNDABLE AND SECURES A PLACE ON A RALEIGH OVERSEAS PROGRAMME.  
**STAFF AGED 25+:** THE APPLICANT SHOULD RETURN TO THE CHARITY A COMPLETED AND SIGNED APPLICATION FORM, DETAILS OF ANY MEDICAL CONDITIONS, A CV AND PERSONAL STATEMENT.
3. **APPLICANT AGE:** THE CHARITY WILL OFTEN ATTACH AGE RESTRICTIONS TO ITS PROGRAMMES, AND RESERVES THE RIGHT TO REFUSE AN APPLICANT ON THE BASIS OF AGE. ON THE CHARITY'S OVERSEAS PROGRAMME ONLY THOSE WHO WILL BE 17 YEARS OR ABOVE (PARTICIPANTS) OR 25 YEARS OR ABOVE (STAFF VOLUNTEERS) ON THE DAY THEY DEPART FROM THE UK AT THE START OF THE PROGRAMME MAY APPLY. THOSE BETWEEN 17–24 YEARS WILL BE KNOWN AS 'PARTICIPANTS' AND THOSE AGED 25+ WILL BE KNOWN AS 'STAFF VOLUNTEERS'. ONLY IN EXCEPTIONAL CIRCUMSTANCES WILL RALEIGH ACCEPT STAFF UNDER 25 YEARS ON A PROGRAMME.
4. **APPLICANTS WHOSE FIRST LANGUAGE IS NOT ENGLISH:** THE OFFICIAL LANGUAGE OF ALL RALEIGH PROGRAMMES IS ENGLISH. ALL HEALTH & SAFETY BRIEFINGS WILL BE HELD IN ENGLISH, THEREFORE ALL APPLICANTS MUST BE ABLE TO UNDERSTAND THE BRIEFINGS AND SEEK CLARIFICATION WHERE NECESSARY. THE ONLY EXCEPTION TO THIS IS IN COSTA RICA & NICARAGUA WHERE RALEIGH EMPLOYS ENGLISH/SPANISH INTERPRETERS.
5. **CRB CHECKS:** THE CHARITY WORKS WITH YOUNG PEOPLE FROM A WIDE VARIETY OF BACKGROUNDS AND EXPERIENCES AND THE CHARITY ASPIRES TO CONDUCT CRIMINAL RECORDS BUREAU (CRB) CHECKS ON ALL STAFF VOLUNTEER APPLICANTS.
6. **MEDICAL DISCLOSURE:**  
**PARTICIPANTS AGED 17–24:** THE APPLICANT MUST MENTION IN DETAIL ON THEIR MEDICAL FORM ANY PRE-EXISTING PHYSICAL OR MENTAL HEALTH CONSIDERATIONS. **STAFF AGED 25+:** THE APPLICANT MUST GIVE DETAILS IN A SEPARATE ENVELOPE ACCOMPANYING THE APPLICATION OF ANY PRE-EXISTING PHYSICAL OR MENTAL HEALTH CONSIDERATIONS.
7. **APPLICATION REFUSAL:** THE CHARITY'S MEDICAL ADVISOR MAY NEED TO CONSULT THE APPLICANT ABOUT ANY MEDICAL ISSUES OR CONCERNS. THE CHARITY RESERVES THE RIGHT TO REFUSE AN APPLICATION IF, IN ITS OPINION, THE APPLICANT IS UNSUITABLE. THE DECISION OF THE CHARITY IS FINAL. HOWEVER, IN THESE CIRCUMSTANCES THE FIRST INSTALLMENT THAT PARTICIPANTS AGED 17–24 HAVE MADE WILL BE REFUNDED IN FULL.
8. **SWIMMING:** FOR SAFETY REASONS THE APPLICANT (HEREINAFTER NAMED THE 'PARTICIPANT/STAFF VOLUNTEER') SHOULD BE ABLE TO SWIM AT LEAST 200 METRES UNAIDED. IF HE/SHE IS UNABLE TO SWIM THIS DISTANCE, HIS/HER CHOICE OF DESTINATION OR PROJECT SITE MAY BE RESTRICTED. EACH PARTICIPANT WILL CONDUCT A SWIMMING TEST ON ARRIVAL IN-COUNTRY SO AS TO ALLOCATE PARTICIPANTS SAFELY TO EACH PROJECT.
9. **FUNDRAISING TARGET:** EACH PARTICIPANT/STAFF VOLUNTEER WILL BE SET A MINIMUM FUNDRAISING TARGET. THE FUNDRAISING TARGET WILL BE BROKEN DOWN INTO INSTALLMENTS, WHICH MUST BE ACHIEVED BY SPECIFIC DATES. THE CHARITY WILL PROVIDE SUPPORTING INFORMATION AND ASSISTANCE TO HELP THE PARTICIPANT/STAFF VOLUNTEER REACH THIS TARGET. THE MINIMUM FUNDRAISING TARGET MUST BE RECEIVED BY THE CHARITY TWO MONTHS BEFORE DEPARTURE. IF THE MINIMUM FUNDRAISING TARGET IS NOT RECEIVED BY THE CHARITY BY THIS DATE, THE PARTICIPANT/STAFF VOLUNTEER WILL NOT BE ABLE TO JOIN THE PROGRAMME, EXCEPT AT THE DISCRETION OF THE CHARITY.
10. A PARTICIPANT/STAFF VOLUNTEER WHO APPLIES FOR A PROGRAMME LESS THAN TWO MONTHS BEFORE THE START OF THE PROGRAMME WILL BE REQUIRED TO PAY THE FULL FUNDRAISING TARGET WITHIN 10 DAYS OF THE CHARITY'S CONFIRMATION OF A PLACE.
11. EACH PARTICIPANT/STAFF VOLUNTEER IS FUNDRAISING FOR THE WORK OF THE CHARITY AS A WHOLE.
12. THE FUNDRAISING TARGET DOES NOT INCLUDE THE COST OF FLIGHTS, WHICH IS AN ADDITIONAL COST TO, AND THE RESPONSIBILITY OF, THE PARTICIPANT/STAFF VOLUNTEER. IN EXCEPTIONAL CIRCUMSTANCES RALEIGH MAY DEEM IT NECESSARY TO PURCHASE FLIGHTS FOR SPECIFIC INDIVIDUALS OR PROGRAMMES.
13. THE CHARITY RESERVES THE RIGHT TO INCREASE MINIMUM FUNDRAISING TARGETS WITHOUT PRIOR NOTICE TO THE PARTICIPANT/STAFF VOLUNTEER; BUT NO SUCH NOTIFICATION MAY BE MADE LATER THAN TWO MONTHS BEFORE DEPARTURE. IF THE INCREASE PROPOSED IS IN EXCESS OF 10% THE PARTICIPANT/STAFF VOLUNTEER MAY ELECT IN WRITING AND WITHIN 10 DAYS OF NOTIFICATION OF THE INCREASE, TO WITHDRAW FROM THE PROGRAMME. IN SUCH CASES ALL FUNDS THUS FAR RAISED BY THE PARTICIPANT/STAFF VOLUNTEER WILL BE RETURNED TO THE DONORS.
14. THE PARTICIPANT/STAFF VOLUNTEER AGREES TO COMPLY WITH ALL GUIDANCE ISSUED BY THE CHARITY, AND TO ENTER INTO OTHER AGREEMENTS PROPOSED BY THE CHARITY, IN RELATION TO FUNDRAISING.
15. **ADDITIONAL COSTS:** THE PARTICIPANT/STAFF VOLUNTEER MUST PURCHASE ANY NECESSARY PERSONAL EQUIPMENT OR OBTAIN ANY NECESSARY MEDICAL CHECKS OR TREATMENT PRIOR TO DEPARTURE, OUT OF HIS/HER PERSONAL FUNDS.
16. **VISA REQUIREMENTS:** PARTICIPANTS/STAFF VOLUNTEERS ARE RESPONSIBLE FOR ARRANGING THEIR OWN VISAS WHERE REQUIRED, UNLESS OTHERWISE STATED. ANY NON-BRITISH APPLICANT MUST CHECK WITH THE RELEVANT EMBASSY/CONSULATE THAT HE/SHE IS ELIGIBLE FOR A VALID VISA FOR HIS/HER CHOSEN COUNTRY.

17. **JOINING THE PROGRAMME:** EACH PARTICIPANT/STAFF VOLUNTEER IS RESPONSIBLE FOR JOINING THE PROGRAMME AT THE CORRECT TIME AND IN THE CORRECT PLACE, AND THEREFORE MAKING THEIR OWN TRANSPORT/FLIGHT ARRANGEMENTS. RALEIGH WILL PROVIDE JOINING INSTRUCTIONS BUT IS NOT RESPONSIBLE FOR ORGANISING PARTICIPANTS'/STAFF VOLUNTEERS' FLIGHTS, THOUGH ADVICE AND PREFERRED OPTIONS WILL BE PROVIDED.
18. **WITHDRAWING FROM PROGRAMME:** IF THE PARTICIPANT/STAFF VOLUNTEER WITHDRAWS FROM A PROGRAMME FOR ANY REASON, THE CHARITY MUST BE INFORMED IN WRITING. ANY FUNDS THAT HAVE BEEN RECEIVED BY THE CHARITY UP TO THIS POINT WILL BE TREATED AS DONATIONS TO THE CHARITY AND WILL NOT NORMALLY BE REFUNDABLE. NO PAYMENT ON WHICH TAX HAS ALREADY BEEN RECLAIMED UNDER THE GIFT AID SCHEME CAN BE REFUNDED. NO REFUND IS POSSIBLE IF THE PARTICIPANT/STAFF VOLUNTEER CANCELS AFTER THE PROGRAMME BEGINS.
19. **INSURANCE:** INSURANCE, COVERING PERSONAL ACCIDENT, MEDICAL TREATMENT AND REPATRIATION, IS INCLUDED AS PART OF THE OVERALL MINIMUM FUNDRAISING TARGET UNLESS OTHERWISE STATED. THIS INSURANCE COVERS THE PERIOD FROM WHEN THE MAIN GROUP, EITHER STAFF VOLUNTEER OR PARTICIPANT DEPARTS FROM THE UK TO WHEN THE MAIN GROUP RETURNS TO THE UK. COVER IS NOT PROVIDED FOR PERSONAL EQUIPMENT OR MONEY. INSURANCE IS PROVIDED ON THE UNDERSTANDING THAT THE PARTICIPANT/STAFF VOLUNTEER HAS READ AND UNDERSTOOD THE PRECISE DETAILS OF INSURANCE COVER SUPPLIED BY THE CHARITY AND THAT HE OR SHE HAS DECLARED FULLY TO THE CHARITY ON THE APPLICATION AND MEDICAL FORMS ANY INFORMATION, MEDICAL OR OTHERWISE, WHICH MAY AFFECT THE INSURANCE COVER IN ANY WAY; AND HAS COMPLIED WITH THE MEDICAL ADVICE. IF ANY CHANGES OCCUR TO A PARTICIPANT'S/STAFF VOLUNTEER'S PHYSICAL OR MENTAL HEALTH AFTER RETURNING THE APPLICATION FORM THE MEDICAL COORDINATOR AT HEAD OFFICE MUST BE INFORMED IMMEDIATELY.
20. **PROGRAMME CANCELLATION:** THE CHARITY RESERVES THE RIGHT TO CANCEL THE PROGRAMME WITHOUT PRIOR NOTICE. IN THIS EVENT, AN ALTERNATIVE PROGRAMME WILL BE OFFERED OR ALL FUNDS RAISED BY THE PARTICIPANT/STAFF VOLUNTEER WILL BE RETURNED IN FULL. HOWEVER, IN THE EVENT OF THE CHARITY HAVING TO CANCEL DUE TO REASONS OUTSIDE ITS CONTROL, THE CHARITY RETAINS THE RIGHT TO DEDUCT FROM SUCH FUNDS A PROPORTION OF COSTS INCURRED.
21. **PROGRAMME ITINERARIES:** PROGRAMME SCHEDULES AND PROJECT INFORMATION PROVIDED SHOULD BE REGARDED AS A FAIR INDICATION OF WHAT RALEIGH HOPE TO ACHIEVE; BUT THEY ARE IN NO SENSE A CONTRACTUAL OBLIGATION ON THE PART OF THE CHARITY. A FUNDAMENTAL CONDITION OF APPLICATION IS THAT THE PARTICIPANT/STAFF VOLUNTEER APPRECIATES THE NEED FOR FLEXIBILITY AND UNDERSTANDS THAT RALEIGH CANNOT ACCEPT RESPONSIBILITY FOR THE RESULTS OF DELAYS OR MODIFICATIONS. NO REFUNDS WILL BE MADE, NOR ANY LIABILITY INCURRED BY RALEIGH, FOR STAGES OF THE ITINERARY INCLUDED IN THE ORIGINAL FUNDRAISING TARGET, WHICH MAY HAVE TO BE CHANGED OR CANCELLED BY THE COUNTRY DIRECTOR.
22. **PARTICIPANTS BEHAVIOUR:** ACCEPTANCE OF A PLACE BY THE PARTICIPANT BINDS HIM/HER TO THE RULES AND PROCEDURES WHICH RALEIGH OPERATES ON ITS PROGRAMMES, AND THE PARTICIPANT AGREES TO ABIDE BY THE INSTRUCTIONS OF THE COUNTRY DIRECTOR/PROJECT STAFF REPRESENTING THE CHARITY. ANY ILLEGAL ACT OR INAPPROPRIATE BEHAVIOUR BY AN INDIVIDUAL, THAT IN THE OPINION OF THE PROGRAMME STAFF IS DETRIMENTAL TO THE SAFETY AND WELFARE OF THE PROGRAMME, MAY RESULT IN THE PARTICIPANT BEING ASKED TO WITHDRAW FROM THE PROGRAMME, WITHOUT THE RIGHT TO A REFUND.
23. THE CHARITY OPERATES A NO ALCOHOL AND NO DRUGS POLICY ON OVERSEAS PROGRAMMES. THE CHARITY RETAINS THE RIGHT TO REMOVE ANY PARTICIPANT/STAFF VOLUNTEER FROM A PROGRAMME IF IT DEEMS THAT THERE IS 'SUFFICIENT SUSPICION' THAT A PARTICIPANT/STAFF VOLUNTEER HAS BEEN INVOLVED WITH DRUGS OR ALCOHOL DURING THE PROGRAMME. THE CHARITY DOES NOT HAVE TO PROVE SUCH AN ACT HAS OCCURRED.
24. **NEXT OF KIN:** PARTICIPANTS/STAFF VOLUNTEERS ARE REQUIRED TO PROVIDE DETAILS OF AN APPROPRIATE NEXT OF KIN (NOK). IF AT ANY TIME RALEIGH FEELS IT NECESSARY TO CONTACT THE NOK, RALEIGH WILL FIRST SEEK, WHERE POSSIBLE, THE PERMISSION OF THE PARTICIPANT/STAFF VOLUNTEER TO DO SO. HOWEVER RALEIGH RESERVES THE RIGHT AT ALL TIMES TO SPEAK TO NOK WITHOUT THE PERMISSION OF THE PARTICIPANT/STAFF VOLUNTEER.
25. **COMPLAINTS PROCEDURE:** ANY COMPLAINTS ABOUT THE PROGRAMME SHOULD BE MADE KNOWN TO THE COUNTRY DIRECTOR IN THE FIRST INSTANCE. IF IT IS FELT THAT SATISFACTION HAS NOT BEEN OBTAINED, WRITTEN COMPLAINTS, RECEIVED AT THE CHARITY'S HEADQUARTERS IN ENGLAND WITHIN 28 DAYS OF THE PROGRAMME'S END DATE, WILL BE GIVEN SERIOUS CONSIDERATION BY THE CHARITY
26. **PROGRAMME ACTIVITIES:** EACH PERSON PARTICIPATES AT THEIR OWN RISK. THE CHARITY CANNOT BE RESPONSIBLE FOR ANY MISHAP TO A PARTICIPANT/STAFF VOLUNTEER UNLESS SUCH MISHAP CAN BE SHOWN TO BE THE RESULT OF NEGLIGENCE BY THE CHARITY. THE CHARITY CANNOT TAKE RESPONSIBILITY FOR THE CONSEQUENCES OF STRIKES, WAR, SICKNESS, QUARANTINE, GOVERNMENT ACTION OR OF OTHER 'FORCE MAJEURE' CIRCUMSTANCES.
27. PARTICIPANTS/STAFF VOLUNTEERS SHOULD NOTE THAT THE PROGRAMMES, AND PARTICULARLY ANY TREKKING ACTIVITIES, ARE ADVENTUROUS AND THEREFORE, BY DEFINITION, INCLUDE AN ELEMENT OF HEALTH OR PHYSICAL RISK. THEY OFTEN TAKE PLACE IN REMOTE AREAS WHERE MEDICAL OR RESCUE FACILITIES MAY NOT BE IMMEDIATELY AVAILABLE. BY APPLYING THE PARTICIPANT/STAFF VOLUNTEER ACCEPTS THAT THEY ARE PREPARED TO ACCEPT SUCH CIRCUMSTANCES.
28. **PROGRAMME INFORMATION:** INFORMATION ABOUT INOCULATIONS, CLOTHING AND EQUIPMENT, CLIMATE ETC. IS GIVEN IN GOOD FAITH BUT THE CHARITY DOES NOT ACCEPT RESPONSIBILITY FOR THE VALIDITY OF SUCH ADVICE.
29. **PASSPORT:** EACH PARTICIPANT/STAFF VOLUNTEER MUST HAVE AN INTERNATIONAL PASSPORT, VALID FOR AT LEAST SIX MONTHS AFTER THE END OF THE PROGRAMME.
30. **DATA PROTECTION:** THE PARTICIPANT/STAFF VOLUNTEER AGREES THAT THE CHARITY MAY HOLD AND USE PERSONAL DATA ABOUT THE PARTICIPANT/STAFF VOLUNTEER INCLUDING SENSITIVE PERSONAL DATA RELATING TO THE PARTICIPANT'S/STAFF VOLUNTEER'S PHYSICAL AND MENTAL HEALTH AND THAT THE CHARITY MAY WHEN APPROPRIATE SHARE THIS INFORMATION WITH MEDICAL ADVISERS, INSURERS AND PERSONS INVOLVED IN THE OPERATION OF PROGRAMMES. THE CHARITY WILL USE SUCH INFORMATION IN ACCORDANCE WITH DATA PROTECTION LAW.
31. **GENERAL:** ON SIGNING UP TO A PROGRAMME THE PARTICIPANT/STAFF VOLUNTEER AGREES TO ACCEPT THESE TERMS AND CONDITIONS AND ALL OTHER DOCUMENTS REFERRED TO. ANY FALSE STATEMENT OR MATERIAL OMISSION IN THE INFORMATION PROVIDED TO THE CHARITY BY THE PARTICIPANT/STAFF VOLUNTEER IN ANY OF THE FORMS WILL ENTITLE THE CHARITY TO CANCEL THE PARTICIPANT'S/STAFF VOLUNTEER'S APPLICATION OR END THEIR PARTICIPATION WITHOUT RIGHT TO REFUND.
32. SOLELY THE LAWS OF ENGLAND, NOTWITHSTANDING THE PARTICIPANT'S/STAFF VOLUNTEER'S NATIONALITY, GOVERN THIS AGREEMENT AND IT IS ACCEPTED BY BOTH PARTIES THAT IN THE EVENT OF A DISPUTE, WHICH CANNOT BE RESOLVED AMICABLY, THE MATTER WILL BE REFERRED TO AN INDEPENDENT ARBITER OR TO A COURT IN ENGLAND.
33. THIS AGREEMENT IS NOT ENFORCEABLE BY ANYONE OTHER THAN THE PARTICIPANT/STAFF VOLUNTEER AND THE CHARITY.