



INTERNATIONAL PLACEMENT TRAVEL DECLARATION FORM

DECLARATION				
Griffith Identification Number	Student's full name:			
	Degree program enrolled in:			
	Country of destination:			
	Travel dates: Departing/ Returning/			
	Email contact:			
Checklist. I have considered the securi I acknowledge that the decision to trave incurred.	advice for International placements – Information Sheet and completed the Overseas Pre-travel ty and health and disease issues pertaining to my travel. el is mine and I accept full responsibility and liability for any loss or damage that may be			
Signature	Date / /			

Instructions for completion:

- Declaration to be completed by all Griffith University students travelling overseas for a health or human services placement.
- Complete the International Placement Travel Declaration Form, attach a copy of your itinerary to the form and submit it to a School placement staff member who will ask to sight your comprehensive travel insurance.

Griffith University collects, stores and uses personal information only for the purposes of administering duty of care to students, staff and patients. The information collected will not be disclosed to third parties without a student's consent, except to meet government, legal or other regulatory authority requirements. For further information consult the University's Privacy Plan at http://www.griffith.edu.au/about-griffith/plans-publications/griffith-university-privacy-plan

OFFICE USE ONLY				
Date Declaration received: / /				
Received by (staff member name): Comprehensive travel insurance sighted:	Date:	/ /		