

**(1) International Practicum Budget**

<b>Estimated Practicum Expenses</b>	
Round-trip international airfare	
Passport application fee	
Visa fee	
Medical Insurance	
Travel Insurance	
Vaccinations and medications	
In-country travel	
Communications (fax, phone, email)	
Room and board	
Spending money	
Other	
<b>Total</b>	

<b>Estimated Practicum Income</b>	
Regular income set aside (what you can save between now and departure)	
Previous savings	
Loans/gifts from friends or family	
Fund-raising	
Scholarships, fellowships, or awards	
<b>Total</b>	

\* Adapted from Menno Simons College International Practicum Budget

## ***(2) Steps for International Placements***

- 1) Initial meeting with Practicum Coordinator
- 2) Practicum Application and International Practicum Proposal submitted to Practicum Coordinator
- 3) Submit the Emergency Information Card, budget, and Human Rights waiver to Practicum Coordinator.
- 4) Visit DFATD web site to review Canadian government travel advisories for the country where you will be working. Submit a 2-page statement of likely health and safety risks you will be facing, and the steps that you will take to protect yourself against the risks.
- 5) Visit DFATD web site and complete Registration of Canadians abroad.
- 6) Submissions to University of Winnipeg Insurance and Risk Management Coordinator. These forms are due at 4 to 6 weeks prior to your departure.
  - a) Insurance and Risk Practicum Application
  - b) International Travel Waiver
- 7) Receive permission from Practicum Coordinator to register for the course
- 8) Application to Leatherdale Scholarship if applicable
- 9) Attend predeparture seminar
- 10) Within two weeks of arrival, submit emergency plan to Practicum Coordinator, including access to medical services, and evacuation or safe house strategies.

### (3) *Emergency Information Card*

<b>Your Information</b>	<b>Emergency Contacts</b>
<u>Name:</u>	Contact Name:
Date of Birth:	Relationship to you:
Citizenship:	Address:
Passport #:	Ph #:
Blood Type:	Alternate Ph #
Medical Conditions:	Email:
Medications:	Alternate Contact Name:
Doctor & phone #	Relationship to you:
<u>Equivalent 911 Abroad:</u>	Address:
<u>Nearest Hospital Abroad:</u>	Ph #:
<u>Insurance Company:</u>	Email:
Policy #:	<u>The University of Winnipeg Global College:</u> 204-988-7105
24hr Ph #:	<u>The University of Winnipeg Security Services:</u> 204-786-9272 (24 hrs)
<u>Embassy/Consulate:</u>	
Ph #:	
Address:	

**NOTE:** Remember to provide your emergency contacts with a copy of this completed form so that they know what your plans are. The University should be considered one of your emergency contacts and should also have a record of this information. Keep this card with you at all times and have several copies in different locations.

**(4) Acknowledgment of Risks/Responsibilities and Liability Waiver**

**ATTENTION: BY SIGNING THIS LEGAL DOCUMENT, YOU GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.**

In consideration of The University of Winnipeg (the "University") making arrangements for me to participate in the Human Rights HR-3510 Practicum Course (the "Program"), I agree as follows:

**Assumption of Risks:** I understand that the Program will take me away from campus for an extended period of time. During this period, I understand that I will be in an unfamiliar surrounding and will be exposed to risks to my person and possessions. I understand that I may suffer physical injury, disease, sickness or death, or damage to my property as a result of my participation in the Program; and that there is a possibility of accidents, natural hazards, violence, crime, civil unrest, disease, homesickness and loneliness. I freely and voluntarily accept and assume all such risks, dangers and hazards. I understand that despite its efforts, the University may not be able to ensure my complete safety at all times from such risks and dangers. I further acknowledge that I had other options, other than to participate in the Program, but selected to do so freely and voluntarily.

**Assumption of Responsibility:** I understand that it is my responsibility to abide by all applicable policies of the University and laws of the host institutions and country, and to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions. More particularly, I appreciate the University does not carry accident or injury insurance for my benefit and I acknowledge that I have been advised by the University of risks and dangers as well as the need to act in a responsible manner at all times. My signature below is given freely in order to indicate my understanding of the acceptance of these realities and in consideration for being permitted by the University to participate in the Program. I recognize that there may be certain portions of the Program which the University will not directly supervise. Further, I recognize that the University will not arrange any living accommodations or extracurricular activities during my participation in the Program, unless specifically detailed in the Program description.

**Liability Waiver:** I hereby release, hold harmless and indemnify the University, its employees, students and agents from any and all liability for any loss, damage, injury or expense that I may suffer as a result of my participation in this Program, including, but not limited to, accidents, natural hazards, violence, crime, civil unrest, sickness, disease, homesickness and loneliness. Moreover, the University shall not be liable for loss, damage or costs of any kind which I may incur as a result of my participation in this Program and which relates to transportation, scheduling, government restrictions, acts of God or any other matter beyond the University's control. I understand that this waiver cannot be revoked or modified except in writing, with the consent of the University. This waiver shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns.

**Pre-Departure Preparation:** I acknowledge and agree that I have been provided access to the *Pre-Departure Guidebook for University of Winnipeg Students Participating in Exchange Programs* and that I have participated in pre-departure preparation sessions with the course instructor.

**I HEREBY DECLARE THAT I AM OF THE FULL AGE OF 18 YEARS AND HAVE READ THIS DOCUMENT CAREFULLY AND I ACKNOWLEDGE MY RESPONSIBILITIES AND THE EFFECT OF THIS LIABILITY WAIVER ON MY LEGAL RIGHTS AND RESPONSIBILITIES.**

(Please Print)

Student Name: _____	Student Number: _____
Permanent Address: _____	
Permanent Telephone: _____	
_____	_____
<i>[Signature of Participant]</i>	<i>[Witness as to Signature of Participant]</i>
Date: _____	