

**MAYNOOTH UNIVERSITY ERASMUS+ PROGRAMME –STUDENT EMERGENCY FILE**

**Please complete all sections in BLOCK CAPITALS.**

<b>PERSONAL DETAILS:</b>			
Mr/Mrs/Ms	First Name:	Middle Name:	Surname:
Preferred First Name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Home Address: (in Ireland)			
Term Address: (abroad, if known)			
Mobile Phone No:	MU Email Address:		Personal Email:

<b>PASSPORT DETAILS:</b>		
Name: (as on passport)	Passport Number:	Expiry Date:
Nationality:	Country of Birth:	Country of Citizenship:

<b>ACADEMIC DETAILS</b>	
MU Student Number:	MU Degree:
MU Course Co-ordinator/Supervisor:	

<b>EMERGENCY CONTACT:</b>		
Person to be notified in event of emergency:	Name:	
	Address:	
	Phone No:	
	Mobile:	
	Email:	
Will you be under 18 at the time of this study programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'No' is ticked, parental Consent is a requirement before travel can be undertaken.

**MEDICAL HISTORY/SPECIAL MEDICAL REQUIREMENTS:**

Name and address of your Doctor:

Phone Number:

	<input checked="" type="checkbox"/> Yes or No	DETAILS
<b>Are you generally in good physical condition</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you any serious medical conditions? e.g. Heart condition, diabetes, asthma, eating disorders.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have allergies to foods, medications, environmental factors, insects etc? If Yes, please list.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you taking any medications? e.g. insulin, medication for epilepsy. If Yes, please list.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you even been treated for an emotional disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you anticipate needing any healthcare or counselling while abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there any additional health information which you feel would be helpful to the University while you are studying abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**HEALTH INSURANCE**

Europe		
<b>European Health Insurance Card (E111)</b> Please note that it is compulsory to obtain EHIC before travelling on Erasmus with MU.		Card number: Date of Expiry:
Do you have Personal Health Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If you have health insurance and are travelling abroad for a prolonged period it is recommended that you advise your health insurer to ensure cover.</b>		
<b>Health insurance is a matter for the individual. The University would strongly recommend that you obtain it.</b>		

**PROGRAM DETAILS**

What programme of study are you undertaking?	Erasmus <input type="checkbox"/>	
What country are you travelling to?		
What University are you attending?		
University Address		
24 hour University Emergency contact number:		
What is the language spoken in the country where you are studying?		
What is your proficiency in this language?	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent <input type="checkbox"/>	
What course of study are you undertaking at this University?		
What language is the course taught in?		
What is the duration of your study course?	Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Full Academic Year <input type="checkbox"/>	Date of Arrival: Date of Departure:
When do you have to register with the host University?	Date:	
<b>You must register with Maynooth University and maintain your status as a registered student at Maynooth University during the course of your Erasmus+ student exchange programme.</b>		

## RISK EVALUATION

**STUDENT NAME:**

**COUNTRY OF DESTINATION:**

Risk (High/Medium/Low)	(Y/N)	Control Measures	Action taken by Student
You must obtain advice from the Department of Foreign Affairs on travelling to this country. Please print out this information and attach it to this form.	Yes <input type="checkbox"/>	<b>Students have a responsibility to:</b> Check advice from the Department of Foreign Affairs on the country to which you plan to travel. <a href="http://www.dfa.ie/travel/know-before-you-go">www.dfa.ie/travel/know-before-you-go</a> If there are restrictions you must get permission from the University Health & Safety Office.	
Loss/Theft of Passport		Keep a photocopy of your passport in a safe place. Report loss to local police. Know how to contact local Irish Embassy/Consulate.	
Are there any security or safety concerns where the University is located?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify if there are security or safety issues in the location of the university. List areas of concern.	
Are the local medical facilities to an acceptable standard?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify the nearest hospital or town where medical facilities are available.	
Are there environmental issues to be considered? e.g. unsafe water, sanitary facilities, extremes of heat.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify potential environmental issues.	
Are there issues with Flora/Fauna e.g Snakes, spiders, mosquitoes, dogs, poisonous plants?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify potential dangers of local flora and fauna.	
Are you aware of local cultural customs and practices?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify and be aware of any specific local cultural customs and practices.	
Are you aware of local laws in relation to alcohol and illegal drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Identify and be aware of any specific local laws in relation to the consumption of alcohol and illegal drugs.	

STUDENT ACCOMMODATION			
Risk (High/Medium/Low)	(Y/N)	Control Measures	Action taken by student
Beware of unsafe, poorly located living accommodation.	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Prioritise obtaining accommodation</li> <li>• Liaise with the host university on campus accommodation or for advice on accommodation available in the local area</li> <li>• Review fire safety standards               <ul style="list-style-type: none"> <li>○ House                   <ul style="list-style-type: none"> <li>▪ Smoke Alarm</li> <li>▪ Close doors</li> <li>▪ Plan your escape</li> </ul> </li> <li>○ Apartments/High-rise buildings                   <ul style="list-style-type: none"> <li>▪ Smoke Alarm</li> <li>▪ Emergency Lighting</li> <li>▪ Fire Exits</li> <li>▪ Plan your escape</li> </ul> </li> </ul> </li> </ul>	

RECREATIONAL ACTIVITIES			
Risk (High/Medium/Low)	(Y/N)	Control Measures	Action taken by student
Socialising – being isolated, robbery, assault.		Ensure that they avoid being isolated, alone. Travel in groups, let someone know where you are going, avoid ATMs at night. Ensure everyone gets home safely. Report incidents to local police.	
Sporting and recreational activities – Risk of injury due to involvement in sport or recreational activity.		Participate in sporting/recreational activities through the University. Follow safety guidelines for all activities. High Risk Activities including skiing, bungee jumping, water sports, deep sea diving, aeronautical activities, parachuting, mountaineering, potholing are excluded under the Travel Policy.	
Do you intend to drive while studying abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ensure you have a valid driving licence. Ascertain whether you need an international driving licence. Be very aware of insurance when hiring a car. Be aware of small print. – collision damage waiver recommended.	

**CONDITIONS OF TRAVEL INSURANCE WITH ACE EUROPE**

Before travel each student will need to comply with the following statements:

1. I am not aware of any reason why my trip should be cancelled or curtailed;
2. My trip has not already started;
3. All persons to be insured are residents of the Republic of Ireland (excluding Northern Ireland);
4. No person to be insured is
  - receiving or is on a waiting list for treatment in a hospital or nursing home;
  - waiting for investigation or referral, or the results of any investigation, medical treatment or surgical procedure, for any condition, whether diagnosed or undiagnosed;
  - choosing not to take prescribed medication, or the correct dose of prescribed medicine.
  - travelling against the advice of a medically qualified doctor;
  - travelling to obtain medical, dental or cosmetic treatment;
  - travelling with a terminal condition;
  - aged 65 or over on the date the policy is bought;
5. Neither I nor any other person to be insured has been refused insurance, or had an insurer refuse to renew or impose special terms on insurance on the grounds of fraud, attempted fraud, or the provision of misleading or incomplete information with intent to defraud; convicted of, or has a prosecution pending for, any offence involving dishonesty of any kind;
6. The trip abroad will begin and end in the Republic of Ireland, and all persons to be insured will return to the Republic of Ireland, within the cover period chosen.

If there is any confusion or if there is clarity needed then the students can contact our customer services at 1800 200 035.

The information contained in this form will be reviewed by the International Office and will be held by the University Health & Safety Officer. The information will only then be used in the event of an emergency or insurance claim. The information is confidential and will only be used for the purpose it is required. This data will be confidentially destroyed on the completion of your programme of study abroad plus one year.

Should there be any concerns they will be discussed in confidence with the individual applicant.

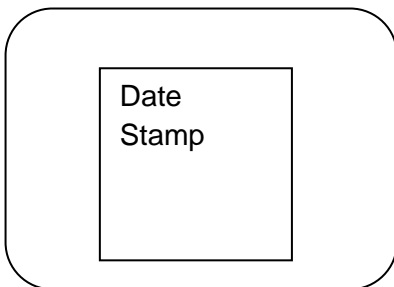
I, \_\_\_\_\_, certify that all responses made on this Erasmus Programme – Student Emergency File are true and accurate and I will notify Maynooth University of any relevant changes prior to the start of my Erasmus Programme.

**Signed by:** \_\_\_\_\_

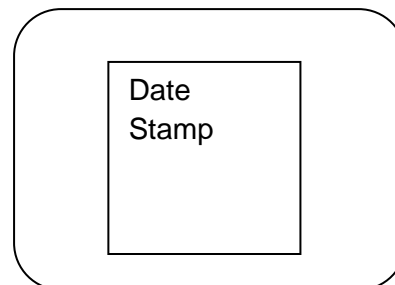
**Dated:** \_\_\_\_\_

Date Received by International Office

Date Received by Health & Safety Office



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