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

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| **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

Date Stamp

Date Stamp