

APPLICATION FORM

DETAILS FOR SUMMER EXCURSION 2019 TO RAFFLES COLLEGE OF HIGHER EDUCATION, SINGAPORE

DATE OF EXCURSION: Arrival on Sunday 28th July 2019 and Leaving on Sunday 4th August 2019

VENUE: Raffles College of Higher Education, Singapore. 51, Merchant Road, Singapore 058283.

COST PER STUDENT: SGD 900 (exclude flights & accommodation)

APPLICATION DEADLINE: 28th May 2019. All payment and a copy of travel insurance must be submitted by 15th June 2019.

TO COMPLETE YOUR APPLICATION PROMPTLY AND CORRECTLY BY COMPLETING THIS FORM. PLEASE WRITE CLEARLY IN BLOCK LETTERS. ALL APPLICATION SHOULD INCLUDE THE FOLLOWING:

1. Consent Form
2. A copy of passport
3. Passport size photograph in white background
4. A copy of travel insurance inclusive medical claims
5. A copy of remittance Slip of SGD 900

STUDENT INFORMATION

FULL NAME AS IN PASSPORT (UNDERLINE SURNAME): _____

GENDER: () MALE () FEMALE DATE OF BIRTH (dd/mm/yyyy): _____

AGE: _____ CURRENT GRADE: _____

ENGLISH NAME: _____ NATIONALITY: _____

PASSPORT NUMBER: _____ COUNTRY ISSUING PASSPORT: _____

KAKAO TALK/LINE/WECHAT ID/WHATSAPP: _____

FAMILY INFORMATION

MOTHER NAME (UNDERLINE SURNAME): _____

EMAIL ADDRESS: _____ MOBILE NUMBER: _____

FATHER NAME (UNDERLINE SURNAME): _____

EMAIL ADDRESS: _____ MOBILE NUMBER: _____

EMERGENCY CONTACT

In case parents cannot be reached, please provide local contact information (i.e. friend, relative or etc)

NAME: _____ RELATIONSHIP TO STUDENT: _____

MOBILE NUMBER: _____ LANGUAGE: _____

LANGUAGE ASSESSMENT

Applicant's most proficient language: _____

Primary language at home: _____

Parent's assessment of applicant's ability in English (please tick):

Please beware this information is a reference for authority to decide whether there's a need for translator during the camp

Speaking _____ Sufficient _____ Beginner _____ None

Listening _____ Sufficient _____ Beginner _____ None

Writing _____ Sufficient _____ Beginner _____ None

DIETARY PREFERENCE (please tick):

Vegetarian:

No Beef:

No Seafood:

Please fill in, if it is not listed above: _____

ART BACKGROUND (please tick):

Drawing:

Design software:

None:

PARTICIPATION FEE INCLUDED:

1. Ezlink Card (local public transport card)
2. Lunch from Monday to Saturday
3. Workshop materials cost
4. The entrance tickets and transportation for excursion activities.

PARTICIPATION FEE NOT INCLUDED:

1. Flights
2. Accommodation
3. Pocket money for excursions
4. Shopping
5. Medical insurance

Please tick the box to acknowledge

PARENTAL DISCLOSURE

I attest that the information provided above is accurate and complete and understand that failure to fully disclose any and all of the above information may result in delayed / nullified acceptance of my child.

REFUND POLICY

All fees paid to Raffles are non-refundable. In the event that the excursion is cancelled due to unforeseen circumstances, a full refund will be made.

TRAVEL INSURANCE

All students are required to purchase insurance policy that cover the duration of this trip. Insurance policy must be furnished before arrival.

ACKNOWLEDGMENT

I have read, understood and agreed to the Excursion Consent Form as annexed together with this Application Form and the Brochure/Information of the Camp as annexed in Appendix 1. This Application Form, the said Excursion Consent Form and the said Brochure/Information of the Camp shall be taken together as constituting the entire contract between the parent(s) and the school.

I undertake and agree to pay the fee (amount invoiced by the school) on or before the time-lines provided by the school. I understand that all payments are non-refundable.

Parent Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

***All information provided to Raffles College of Higher Education Singapore is kept confidential as per the school policy.**

The above information is explained by:

Name of Agent / Consultant / Signature: _____ Date: _____



STUDENT HEALTH RECORD – Parent provided health questionnaire

Please complete your child's health record as accurately as possible.

Does your child have any present illnesses? _____ Yes _____ No

If yes, please provide details:

Does your child suffer from any allergies? _____ Yes _____ No

If yes please provide details of cause, effect, and whether your child takes any medication for it.

Does your child experience any learning difficulties or mental impairments that we need to be aware of, in order to cater for the needs of your child? _____ Yes _____ No

(If yes) Please specify:

Does your child have a history of asthma? _____ Yes _____ No

Does he / she carry an asthma inhaler? _____ Yes _____ No

Do your child wear glasses or contact lenses? _____ Yes _____ No

Does your child have trouble hearing or use a hearing aid? _____ Yes _____ No

Is your child on daily medication? _____ Yes _____ No

Please list the name of the medications and the time / frequency required:

Is there any health condition or any limitations on your child's physical activity that the school should be aware of?

Parent Signature: _____ Date: _____

To : Raffles College of Higher Education, Singapore (RSG)
Date : 28 July 2019 – 4 August 2019
Activity/Trip/Camp : Raffles Summer Excursion Program

This letter is to give permission for my/our child to participate in this excursion. I/We acknowledge that my/our child is expected to abide by RSG school rules and conform to RSG teachers/staff instructions at all times to ensure a safe excursion both within and beyond the school vicinity.

1. I/We have read all of the information contained in this letter in relation to the excursion (including any attached material). I/We hereby freely and voluntarily give consent for my/our child _____, to participate in the Raffles Singapore excursion program on _____ (Date)
2. In the event of an accident or illness, I/we authorize RSG staff to obtain or administer any medical assistance or treatment that my/our child may reasonably require, including contacting my/our child's doctor.
3. I/We accept liability for all reasonable costs incurred by RSG in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse RSG the full amount of those costs.
4. I/We have provided RSG all relevant details of my/our child's medical or physical needs to RSG. I/We further declare and confirm that my/our child's medical and physical condition is suitable to participate in the excursion.
5. I/We further understand, acknowledge and agree that at any time RSG reserves the right to accept or decline participation to my/our child, if in the judgment of RSG my/our child is causing unreasonable disturbance or danger to himself/herself or any other participants or RSG.
6. I/We give consent to RSG to store and process the Personal Data provided in this letter for the purpose as described in this letter and to disclose the Personal Data to the relevant governmental authorities or third parties where required by law or for legal purposes. For avoidance of doubt, Personal Data includes all data defined in the Personal Data Protection Act 2010 including all data I/We have disclosed to RSG in this letter.
7. I/We understand and acknowledge that RSG, its elected officials and officers, employees, agents, volunteers and representatives cannot accept responsibility for force majeure events over which it/they have no control, such as acts of God, strikes or government restrictions, and terrorist activities.
8. I/We acknowledge and accept all of the inherent risks associated with my/our child's participation in the excursion and the possibility of personal injury, death, property damage or loss arising therefrom and agree to assume all the risks

whether foreseen or unforeseen and waive all and any of my/our rights, claims, demands or actions whatsoever that I/we may have now or in the future against RSG, its elected officials and officers, employees, agents, volunteers and/or representatives in connection with the activity/trip/camp.

9. In consideration of my/our child being allowed to voluntarily participate in the excursion with its inherent risks and hazards, I/we agree to hold harmless, release and indemnify against RSG, its directors, employees, agents, volunteers and/or representatives from and against any and all liabilities, claims, demands, causes of action, costs, expenses whatsoever in respect to injury, death, loss or damage to my/our child or any person or property directly or indirectly arising out of my/our child's participation in the activity/trip/camp unless caused by proven negligence of RSG.
10. I/We shall also indemnify and keep indemnified at all times fully and effectively against RSG, its directors, employees, agents, volunteers and/or representatives any act, deed, matter or thing done or omitted by RSG pursuant to any directions or instructions given by me/us to RSG.

This letter including all clauses stated above shall be construed according to the laws of Singapore. In the event of conflict between the English and Chinese language, the English version of this letter shall prevail.

Parent Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

APPENDIX 1

RISKS:

Possible risks or injuries included in the excursion may include but not limited to:

- (a) Exposure to outdoors, nature, weather, Acts of God, sea life, insects/animal or plant life;
- (b) Unfamiliarity with location or facility;
- (c) Faulty equipment/gear or inadequate instruction;
- (d) Complications or reaction from weather conditions or outside environment or nature;
- (e) Inadequate or unavailable healthcare facilities or assistance;

PRECAUTIONS:

Recommended precautions including but not limited to:

- (a) Avoid bringing valuables or keep them secure at all times. RSG shall not responsible for any lost or stolen items.
- (b) Advise RSG prior to any activity of any existing medical conditions or injury of the student.
- (c) Bring any necessary medications or emergency/medical kits (ie pain killers, inhalers, etc).



BANK DETAILS

By Telegraphic Transfer or Internet Transfer:

Account name : Raffles College of Higher Education Pte Ltd

Bank : Citibank NA, Singapore
Branch 8 Marina View
#17-01, Asia Square Tower 1
Singapore 018960

Account number : 0-864213-006

Bank Code : 7214

Branch Code : 001

Swift Code : CITISGSG

Currency : Singapore Dollars

All bank charges from Telegraphic Transfers shall be borne by the remitter.

A copy of remittance slip of SGD 900 and a copy of travel insurance must be submitted to Raffles College of Higher Education Singapore by 15th June 2019.