



# International Travel Risk and Security form

**Broadway campus**  
1155 East Broadway, Vancouver, B.C. V5T 4V5

**Downtown campus**  
250 West Pender St., Vancouver, B.C. V6B 1S9

**Safety, Security and Risk Management**  
e: [secure@vcc.ca](mailto:secure@vcc.ca)

[www.VCC CA](http://www.vcc.ca)

Send completed electronic form by email to [secure@vcc.ca](mailto:secure@vcc.ca) or hard copy form by interoffice mail to Safety, Security, and Risk Management (DSSRM).

Forms must be **received** by the DSSRM at least **six weeks** before departure.

Refer to policy B.2.1 International Travel Risk and Security for details.

**CONFIDENTIAL**

## Participant information

.....  
Last name (family name)

.....  
First name

.....  
Gender

.....  
Birthdate (DD/MM/YYYY)

.....  
Banner ID number

.....  
Email

.....  
Phone

.....  
Address

.....  
VCC program

.....  
Dean / director name

.....  
Activity supervisor / advisor

## Activity information

.....  
City / country

.....  
Host organization

.....  
Out of country address

.....  
Out of country email

.....  
Out of country phone

## In Canada – emergency contact

.....  
Last name (family name)

.....  
First name

.....  
Relationship

.....  
Address

.....  
Phone – daytime

.....  
Phone – evening

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## Please answer the following

- 1. Have you travelled to this destination before?  Yes  No
- 2. Have you reviewed the Travel.gc.ca website for advisories on the country of destination?  Yes  No
- 3. Have you received the required vaccinations as outlined by Travel.gc.ca?  Yes  No
- 4. Are you travelling with others?  Yes  No

If yes, please list travelling companions:

..... Name	..... Program / department	..... Email
..... Name	..... Program / department	..... Email
..... Name	..... Program / department	..... Email

## Nature of activity

- Research
- Field trip
- Placement
- Summer course
- Internship
- Conference
- Project
- Study abroad
- Study tour
- Volunteer activity
- Co-op program
- Other: .....

## Dates

..... Date of departure (DD/MM/YYYY)	..... Date activity ends (DD/MM/YYYY)	..... Date of return (DD/MM/YYYY)
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## Transportation

Please describe method of transportation to and within destination, including flight #s if available.

.....

.....

.....

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**CONFIDENTIAL**

## Employee / student signature

.....  
Employee / student signature

.....  
Date (DD/MM/YYYY)

## Approval

.....  
Dean / director / vice president

.....  
Date (DD/MM/YYYY)

## This section will be completed by the Director of Safety, Security, and Risk Management

RESULT OF RISK ASSESSMENT:     Approved     Denied

Explanation

.....  
.....  
.....

.....  
Signed

.....  
Date (DD/MM/YYYY)