



Course Reservation Application

CC21809: Contemporary Italy - Study Abroad

COURSE NAME (ITAL20004/ITAL30005)

COURSE DATES 19 November – 18 December 2018

Please complete **one application, per person in block letters and sign**. Parental signature is required for participants under 18 years of age. Please mail this form with the appropriate deposit to: **P.O. Box 8285, ARMADALE, VICTORIA, 3143**. On receipt of this Reservation Application and deposit, ASA will process your booking and if approved, send you a tour confirmation.

Applicant Details (as in passport)

TITLE Mr Mrs Ms Miss Dr Other _____

FIRST NAME _____ Preferred FIRST NAME _____

MIDDLE NAME _____ SURNAME _____

POSTAL ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ POSTCODE _____

TEL. (AH) () _____ TEL. (BH) () _____ Mobile Tel: _____

EMAIL address _____

Date of birth / / GENDER Male Female Other

Passport Number _____ Expiry date / / Nationality _____

Colour copy of my current valid passport enclosed I'm renewing my passport ASA has a colour copy of my current passport

Travel Plans

I wish to depart from Melbourne
 Other City in Australia _____ on (date) 18 / 12 / 18

I wish to return with the Group Flight
 from Alternate City in Europe _____ on (date) / /

ASA group airfares are usually very flexible. Although you are normally required to depart with the group, the airfare will allow you to extend your travels at the conclusion of the tour. Please contact our office for further information. You must nominate a return date, as flights to Australia can be heavily booked at certain times of the year.

Meals

I do not have any specific dietary requests

Please **X** the box if you **CAN NOT** eat any of the following:

fish poultry red meat dairy products

eggs pork nuts

Other _____

Allergies: Refer to the Medical Information

Correspondence

Your preferred method of correspondence Postal Mail Email Address _____

Emergency Contact Details

Note: this person **MUST** be available by telephone and be present in Australia for the duration of your tour with ASA

Name _____ Relationship to Traveller _____

Address _____

TEL. (AH) () _____ TEL. (BH) () _____ Mobile Tel: _____

EMAIL address _____



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Tour Accommodation

Accommodation for this course has been booked on a multi-share basis (twin or triple share rooms). Accommodation preferences will be addressed on a **first-come-first-serve** basis. Due to the restricted configuration of rooms allocated to us, we cannot guarantee that you will be allocated the room of your choice.

Multi-share accommodation (2 or 3 people per room - single beds)

I wish to share with _____

Enrolment Information

Please indicate how you are intending to enrol for this subject:

- I am enrolling in Subject *Contemporary Italy - Study Abroad* as part of my degree at The University of Melbourne
- I shall be enrolling in this subject as a Assessed CAP subject
- I shall be enrolling in this subject as a NON-Assessed CAP subject

Places are strictly limited. Please note that completion of this form DOES NOT guarantee your place on the program.

All applications must be approved by Matthew Absalom. Should you not be accepted onto this program, your deposit payment will be refunded in full.

Matthew Absalom

School of Languages and Linguistics

Room 514 Babel Building

Tel: (03) 8344 6986

email: mabsalom@unimelb.edu.au

The purpose of seeking this information is to assist ASA to determine, where necessary, whether ASA is able to make reasonable adjustments to accommodate your specific needs and whether your health and safety (or that of your fellow travellers) is likely to be compromised given your choice of tour. It will also assist you and ASA if you fall ill or have an accident whilst travelling.

- ASA reserves the right to decline your Reservation Application if this Medical Information section is not completed properly and may reject or cancel your reservation, or terminate your participation on any tour, if ASA subsequently learns that you have failed to make full and proper disclosure.
- ASA is committed to protecting the privacy of your personal information. ASA's privacy policy is available for viewing at www.asatours.com.au
- If ASA has any concerns about the information you have provided, it will contact you to request clarification before considering your Application.
- ASA requires you to consider carefully your limitations in light of ASA's Physical Endurance Star Rating System in ASA's Brochure and Itinerary when choosing your tour.
- If you are not likely to satisfy ASA's Participation Criteria (see below), ASA, in its sole discretion, may reject your Reservation Application.
- It is a condition of your tour that you agree to accept the directions of ASA's Tour Leaders in relation to your suitability to participate in activities planned on tour.
- ASA reserves the right to cancel your participation on a tour if your behaviour is in ASA's opinion causing undue distress or damage to any person or their property.
- If your participation is discontinued during a tour, ASA will assist by arranging your onward travel (if required) at your own cost, but you will not be refunded for forfeited parts of the tour.
- ASA tour groups are not accompanied by a medical practitioner. ASA recommends that you see your doctor for advice about your specific needs while overseas. You may also wish to contact a travel and vaccination clinic for advice. www.traveldoctor.com.au tel: 1300 658 444; www.travelvax.com.au tel: 1300 360 164.
- Travel insurers require you to declare all existing medical conditions.
- Please carry a complete list of medications with you during the ASA tour. Include **generic names** of each medication (consult your local pharmacy for information).

Please mark **X** in the YES or NO box to every question below and provide details where necessary:

Participation Criteria

To participate in an ASA tour, you must be reasonably fit, in good health and able to participate in all activities without assistance from Tour Leaders or other tour members. If you require assistance, a fit and able travel companion must undertake to accompany and assist you with all tasks for the duration of the whole tour. The responsibility of the Tour Leader is to ensure that the larger group enjoys a relaxing and informative journey, and he or she cannot be relied upon to provide ongoing individual assistance to any one guest.

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Can you walk and stand unassisted for at least 2-3 hours a day in hot, humid conditions? | <input type="radio"/> | <input type="radio"/> |
| 2. Can you walk unassisted on and over uneven surfaces? | <input type="radio"/> | <input type="radio"/> |
| 3. Can you climb at least 3 flights of stairs and/or walk up and down steep slopes unassisted? | <input type="radio"/> | <input type="radio"/> |
| 4. Can you walk at a steady pace and no less than 1km every 15 - 20 minutes unassisted? | <input type="radio"/> | <input type="radio"/> |
| 5. Can you organise, manage and carry your own luggage? | <input type="radio"/> | <input type="radio"/> |
| 6. Can you follow and remember tour instructions and meet punctually at designated times and places? | <input type="radio"/> | <input type="radio"/> |
| 7. Can you administer your own medication? | <input type="radio"/> | <input type="radio"/> |
| 8. Do you have impaired vision or hearing which may impact your capacity to participate on this tour? | <input type="radio"/> | <input type="radio"/> |

Mobility and Fitness

As many of ASA's international sites do not provide access to wheelchairs or similar mobility aids, we regret that ASA tours are not suitable for people who require the use of a walking frame, wheeled walker, wheelchair or motorised scooter.

1. Do you suffer from any medical conditions that may compromise your mobility and/or fitness to participate on this program? YES NO

If yes, please specify _____
If yes, how will you manage this on tour? _____

Allergies and/or Food Intolerances

ASA will make reasonable endeavours to organise meals to suit you, provided that you give ASA adequate notice of your specific dietary requirements or allergies. You may be required to research dietary alternatives, as not all destinations may be able to offer suitable food substitutes.

1. Do you have any food allergies or intolerances? YES NO

If yes, please specify _____
2. Have you ever had an anaphylactic reaction to anything?
If yes, please specify _____
- Do you carry an epipen?
3. Do you have any other allergies or reactions to anything, including medical drugs?
If yes, please specify _____

Existing Medical Conditions

You alone are responsible for managing any existing medical conditions, your medication and any medical equipment that you may need when on your tour. Please plan for contingencies and take extra medication, dietary supplements and/or fully charged batteries for medical equipment if your health and safety depends on these. You should take into consideration that power sources at some destinations may be unavailable, inadequate, inconvenient or unreliable.

1. Have you any significant medical conditions that may impact your capacity to complete this tour? YES NO

If yes, please specify _____
If yes, how will you manage this on tour? _____

2. Do you require some form of powered medical aid, such as a CPAP machine?
These machines may not be operable on certain international flights, modes of transport, in remote or other areas with inadequate or unreliable power sources without a fully charged independent long life battery or batteries.

Diabetics: You may be travelling and sightseeing for many hours at a time. Insulin dependent diabetics must carry extra supplies of insulin (as this medication cannot be obtained in some destinations), regulators, applicators, storage and refrigeration equipment, as well as any necessary supplements. Accommodation may not provide refrigerators in rooms.

3. Are you diabetic?
Are you insulin dependent?
4. Do you suffer from travel sickness?
Remember to use an appropriate medication while on tour.



Declaration, Liability and Booking Conditions

Declaration

I declare that: I have read and understood the ASA Tour Itinerary, Reservation Application and Booking Conditions. I am aware of ASA's terms as relating to refunds, cancellations, responsibility and liability. I understand that ASA relies upon this declaration when considering this Application. I accept that there are inherent dangers and risks that may occur during any tour. I have made full and complete disclosure and have not knowingly withheld any medical information about myself from ASA. I have completed this Reservation Application honestly and accurately. I warrant that I am able to participate independently in all activities described by ASA in the itinerary without assistance from any person.

I will advise ASA in writing if any aspect of my fitness and or health conditions change materially at any time before my departure date. I understand and accept that the itinerary, accommodation and lecturers scheduled for this tour may change.

I agree and consent that ASA may give my personal information in this Reservation Application to tour service providers and relevant authorities as required by law, but for the purpose of making bookings with and engaging services provided for the tour. I understand that if I do not consent to the use of my personal information for this purpose, ASA will decline my Reservation Application.

In consideration of ASA's acceptance of my Reservation Application, I irrevocably release and indemnify ASA from all claims that I, or any other party, may have against ASA its employees, invitees, agents and contractors, however arising in respect of any loss, damage, injury, death or expense incurred in the course of travelling to, on and from any tour.

I understand and acknowledge that this Release and Indemnity applies with respect to:

1. Every general risk to which I or my personal belongings may be exposed in the course of travelling to, on or from any ASA tour
2. Every special risk, in particular medical risks, to which I may be exposed in the course of travelling to, on or from any ASA tour arising from, including, but not limited to:
 - a. intermittent power cycles and/or the temporary or permanent loss of power (beware CPAP or any other medical machine users);
 - b. dietary, food or other allergies (ASA cannot guarantee that traces of items to which you are allergic are not present in food or drink you are served, medication you are administered or other substances with which you may come into contact);
 - c. any event or situation that may compromise the administration of necessary medication or my health, safety and wellbeing generally.
3. All claims arising as a result of my or ASA's cancellation or termination of my continued participation on a tour for whatever reason (refund conditions in ASA's Booking Conditions excepted).

Limitation of Liability

ASA is not a carrier, event or tourist attraction host, accommodation or dining service provider. All bookings made and tickets or coupons issued by ASA for transport, event, accommodation, dining and the like are issued as an agent for various service providers and are subject to the terms and conditions and limitations of liability imposed by each service provider. ASA is not responsible for their products or services. If a service provider does not deliver the product or service for which you have contracted, your remedy lies with the service provider, not ASA.

ASA will not be liable for any claim (eg. sickness, injury, death, damage or loss) arising from any change, delay, detention, breakdown, cancellation, failure, accident, act, omission or negligence of any such service provider however caused (contingencies). You must take out adequate travel insurance against such contingencies.

ASA's liability in respect of any tour will be limited to the refund of amounts received from you less all non-refundable costs and charges and the costs of any substituted event or alternate services provided. The terms and conditions of the relevant service provider from time to time comprise the sole agreement between you and that service provider.

ASA reserves the sole discretion to cancel any tour or to modify itineraries in any way it considers appropriate. Tour costs may be revised, subject to unexpected price increases or exchange rate fluctuations.

Booking Conditions

DEPOSITS

A deposit of \$500.00 AUD per person is required to reserve a place on an ASA tour. You must also pre-register your interest with Matthew Absalom, email mabsalom@unimelb.edu.au

CANCELLATION FEES

If you decide to cancel your booking the following charges apply:

\$500.00 deposit is non-refundable

75-46 days prior 25% of total amount due

45-31 days prior 50% of total amount due

30-15 days prior 75% of total amount due

14-0 days prior 100% of total amount due

We take the day on which you cancel as being that on which we receive written confirmation of cancellation.

UNUSED PORTIONS OF THE TOUR

We regret that refunds will not be given for any unused portions of the tour, such as meals, entry fees, accommodation, flights or transfers.

IF THE UNIVERSITY OF MELBOURNE CANCELS THE COURSE

In the event the academic program be cancelled as a result of The University of Melbourne in response to Federal Government travel advice, designating the locations of the program to be unsafe; participants will be charged the cancellation fees as indicated in these booking conditions (refer to the paragraph 'Cancellation Fees').

WILL THE TOUR PRICE OR ITINERARY CHANGE?

If the number of participants on a tour is significantly less than budgeted, or if there is a significant change in exchange rates ASA reserves the right to amend the advertised price. We shall, however, do all in our power to maintain the published price. If an ASA tour is forced to cancel you will get a full refund of all tour monies paid. Occasionally circumstances beyond the control of ASA make it necessary to change airline, hotel or to make amendments to daily itineraries. We will inform you of any changes in due course.

TRAVEL INSURANCE

ASA requires all participants to obtain comprehensive travel insurance. A copy of your travel insurance certificate and the **reverse charge** emergency contact phone number must be received by ASA no later than 75 days prior to the commencement of the tour.

FINAL PAYMENT

The balance of the tour price will be due 75 days prior to the tour commencement date.

PLEASE READ THE ABOVE CAREFULLY, PRINT AND SIGN BELOW

- I accept the conditions on this booking form I have read the information about the physical requirements of the tour in the detailed itinerary and confirm that I am able to meet these requirements

Applicant's Signature

Print Full Name

Dated

Tour / Course Name CC21809: Contemporary Italy – Study Abroad (ITAL20004/ITAL30005)

Name of Traveller _____

I have enclosed a payment to the value of \$ _____ (including CC or bank fee if applicable) for this tour

The above amount is payable for:

Tour Deposit

Balance of Payment

Travel Insurance Other (eg. Airfares, Accommodation) _____

By Cheque

Please make cheques payable to *Australians Studying Abroad*

Direct Deposit or Internet Banking

You will need to:

1. Provide your bank with ASA's bank details (see below) and the amount you wish to transfer OR make a direct deposit through any ANZ branch
2. Include any fees levied by the banks
3. Provide a reference number (Mobile or last name recommended).
4. Complete section below, including confirmation no. (given when transaction completed).

Australians Studying Abroad bank details

Bank ANZ
Branch 420 St Kilda Road, Melbourne Vic
Swift Code ANZBAU3M
BSB 013-423
Account No 3472-32759

Bank confirmation No. _____

Reference used: Mobile or last name recommended

Date Money Transferred _____

Credit Card Payment

Credit card fees apply: Mastercard & Visa 2%
American Express 2%

Please debit my: Mastercard Visa American Express

I authorise ASA to debit my credit card for the amount due plus the applicable fee as above

Credit Card Number _____

Expiry Date _____ Security Code (CVC) _____

Bank the Card is linked to (eg. NAB or ANZ) _____

Cardholders Name _____

Cardholders Billing Address _____

Postcode _____

State _____ Country _____

Phone _____

Email _____

Cardholders Signature _____