

**International Development – Practice Specialization**

**Arrange Own Field Placement (AOFP) Risk Management Form**

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| **Student Name and ID:**  |
| **AOFP Term Start/End:**  |

**Instructions**

*Use this form if you have already submitted your AOFP Form and received program approval for your AOFP. Please review carefully then check each box and fill in all required information.*

**General**

[ ]  I must complete each line item to indicate I understand and accept responsibility for each item related to my field placement abroad.

[ ]  I understand that failure to comply with the terms indicated in this form might result in my field placement not being approved for academic credit (INDEV 401/402).

[ ]  It is my responsibility to ensure my contact information is correct on Quest before field placement and while outside Canada.

**Pre-Departure**

[ ]  Prior to departure, I will successfully complete the University of Waterloo's online pre-departure training on LEARN once enrolled.

[ ]  Prior to departure, I will comply with all pre-departure instructions on the University of Waterloo’s safety abroad page here <https://uwaterloo.ca/international/travel-safety-and-security/information-students>

[ ]  I acknowledge that the passport I am travelling on is up-to-date and will not expire for at least six months after my return date.

My passport # is:

My passport is issued by (country):

The date of expiry is:

[ ]  I will arrange immigration documentation through the country's issuing authority (Embassy/ Consulate/ other legal issuing authority) prior to leaving Canada and entering the country of destination.

[ ]  I have arranged legal authorization to enter the country of destination. My authorization is:

[ ]  University of Waterloo and INDEV reserve the right to cancel endorsement of my international field placement based on security concerns, and without financial or other recourse to the University.

[ ]  I understand that I must complete the two-term placement in order to receive full academic credit and the practice specialization.

[ ]  I understand that I am responsible for making evacuation arrangements and ensuring my own safety in the event of an evacuation order from the Canadian embassy.

[ ]  I am responsible to review, understand, and accept all contracts and non-disclosure agreements required for this opportunity.

[ ]  I acknowledge that I am expected to abide by the policies, procedures and practices of the organization where I am undertaking my field placement.

[ ]  I am aware of my expenses and that costs can change without notice, and that paying them is solely my responsibility.

**Health Coverage**

*Please select and confirm one of the following:*

[ ]  I am covered by the University of Waterloo FEDS/GSA Health and Dental Plan ([www.ihaveaplan.ca](http://www.ihaveaplan.ca))

OR

[ ]  I am covered by an equivalent international health and travel insurance plan (name of plan and policy #):

[ ]  By submitting this form, I am indicating that I have checked my out-of-Canada coverage under the FEDS/GSA Health and Dental Plan or the equivalent, and consider it to be appropriate for any health/medical risks and costs I might be facing in my field placement location.

[ ]  It is my responsibility to notify my provincial Ministry of Health or other provincial agencies if I will be out of the province for more than the minimum required time that I should be in the province to remain eligible for the ministry's provincial health coverage. The INDEV Field Placement Manager will provide you with a letter for this purpose upon request in the term prior to departure.

[ ]  I understand that I must process any claims through my insurance plan only. The University will not cover any incurred costs that are not covered by my purchased plan.

[ ]  I understand that I do NOT have worker's compensation/long-term disability coverage unless I arrange it independently with an insurance provider.

[ ]  I understand that the following is not in lieu of the mandatory health insurance I must have before travelling abroad.

[ ]  I acknowledge that the University of Waterloo does not insure me in the event of death, injury or loss while I am abroad on my field placement, and that if I wish to have such insurance coverage, or additional health insurance, it is my responsibility to acquire it.

[ ]  I acknowledge that I have researched the country I am going to for my field placement, and affirm that I understand the basic medical, safety, legal requirements and cross-cultural aspects for my two terms abroad.

**Costs**

[ ]  I am solely responsible for my travel arrangements and any expenses, costs or losses that I may incur while waiting for my field placement to begin, or when I am outside Canada.

**Staying connected**

[ ]  I understand that INDEV will not conduct an on-site visit to my field placement location but will arrange a virtual visit at least once per term and as requested (via skype/ email/ phone).

[ ]  I recognize that if I do not notify the INDEV Field Placement Manager with my arrival and location details within 7 calendar days of the start of my field placement, INDEV has the right not to recognize my field placement for eligibility towards INDEV 401 and 402 academic credit.

**Emergency contact information**

[ ]  I have fully informed a trusted individual (ideally, in Canada), who is my emergency contact, about all aspects of my employment abroad, including the nature of possible risks.

[ ]  The person listed as my emergency contact does not reside in the same country as the location of my work term.

[ ]  I confirm that my emergency contact is aware that INDEV/Waterloo International might call on them in case of an emergency, at the discretion of the University.

[ ]  I confirm that my emergency contact can converse sufficiently in English.

[ ]  I will inform INDEV and Waterloo International as soon as possible if my emergency contact or their information changes.

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| --- | --- |
| **Emergency contact full name:**  |  |
| Relationship:  |  |
| Street Address:  |  |
| Town/City:  |  |
| Province:  |  |
| Postal Code:  |  |
| Primary phone #:  |  |
| Alternate phone #: |  |
| Email:  |  |

**Release of information in event of emergency**

[ ]  In case of an emergency (as best determined by INDEV), I consent to the release of my personal contact information, academic information and information in this form, as appropriate.

**Disclaimer**

[ ]  I am the age of majority as defined by the Age of Majority and Accountability Act and have had the opportunity to seek or have waived my right to seek legal advice and have the full right, authority and capacity to agree to the terms of this form.

**Confirmation**

[ ]  By submitting this form, I am verifying that the information is correct, and am accepting the conditions as outlined.

|  |  |
| --- | --- |
| Signed:  | Date:  |

[ ]  Sign and save this form in PDF format with filename “AOFP Risk Management Form YOURLASTNAME” and submit with this filename in the subject line to John Abraham, Lecturer &Field Placement Manager, INDEV, email j9abraham@uwaterloo.ca