

Individual TravelWell Plan Application Form

Please return, together with your payment and Personal Health Forms (and Child Forms) to: 111 Westminster Bridge Road, London SE1 7HR

Please complete the relevant details below in BLOCK CAPITALS.	
I wish to take out individual membership for:	
<input type="checkbox"/> myself <input type="checkbox"/> my partner <input type="checkbox"/> my dependant children	
1. Your Personal Details <i>(Please complete ALL details. Mark N/A if not applicable)</i>	
Full Name:	Date of Birth:
UK Address:	
Postcode:	
UK Contact Tel No:	UK Fax No:
Email address:	
Overseas address:	
Tel no (outside UK):	Fax No (outside UK):
Email Address (outside the UK):	
Name of Sending Organisation:	
Organisation Aims/Mission Statement:	
Your role with this organisation:	
2. Your Partner's Personal Details (if relevant)	
<i>(Please complete ALL details. Mark 'as above' if details same as first adult, or N/A if not applicable)</i>	
Full Name:	Date of Birth:
UK Address:	
Postcode:	
UK Contact Tel No:	UK Fax No:
Email address:	
Overseas address:	
Tel no (outside UK):	Fax No (outside UK):
Email Address (outside UK):	
Name of Sending Organisation:	
Organisation Aims/Mission Statement:	
Your partner's role with this organisation:	

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3. Your Dependant Children (if relevant)

Full Name(s) of children

- 1.
- 2.
- 3.
- 4.
- 5.

Date of Birth

- 1.
- 2.
- 3.
- 4.
- 5.

4. Membership Fee

Please make cheques payable to *InterHealth* and enclose payment with this form.

- ☐ £50 (individual)
☐ £75 (family/couple)

Membership will start from the day that your application is received at InterHealth, unless requested otherwise, and will continue for a period of 12 months (renewable thereafter)

5. Please tell us the types of services that you are likely to obtain from InterHealth

- | | |
|--|---|
| <input type="checkbox"/> Medical before travelling overseas | <input type="checkbox"/> Medical on return from overseas |
| <input type="checkbox"/> Travel clinic (immunisations, antimalarials, etc) | <input type="checkbox"/> Travel supplies in person or by mail order |
| <input type="checkbox"/> Psychological assessment before travelling overseas | <input type="checkbox"/> Confidential review on return from overseas |
| <input type="checkbox"/> Other psychological health services | <input type="checkbox"/> Consultation if unwell on return from overseas |
| <input type="checkbox"/> Health Information Pack | <input type="checkbox"/> Referral to specialist |
| <input type="checkbox"/> Email and telemedicine support while overseas | <input type="checkbox"/> Other |

6. Providing email and telemedicine support while you are overseas

As an InterHealth member, we will provide you with email and telemedicine support while you are overseas. In order for us to provide this service effectively, you will need to complete a **Personal Health Form** per adult (**Child Health Form** per child). We will be unable to respond to many medical queries while you are abroad unless you complete these forms at the time of taking out membership with InterHealth.

Please complete the following information:

The number of Personal/Child Health Forms enclosed with our Membership Application form is:

- ☐ We have had medicals at InterHealth in the past
☐ We have had immunisations/antimalarial advice at InterHealth in the past
☐ We have made use of the Psychological Health Services at InterHealth in the past

7. Finance

Payment is due at the time of purchasing any services or supplies from InterHealth. Payment should be made to InterHealth by cheque (payable to "InterHealth"), credit/debit card, or cash. You will be entitled to the discounted Member price for the duration of your membership.

8. Agreement

I have read the above information and confirm that we wish to take out Individual Membership with InterHealth for 12 months (renewable thereafter).

Name:

Date:

Signature:

Thank you for completing this application. We look forward to welcoming you as an InterHealth member and will send your welcome pack to you shortly.