

Organisation TravelWell Plan Application Form

1. Organisation Details	
Name of organisation:	
Charity number (if applicable):	
Organisation aims/mission statement:	
Address:	
Postcode:	
General Telephone No:	General Fax No:
General email:	Website:
Organisation type: <input type="checkbox"/> Relief & Development Organisation/Enterprise <input type="checkbox"/> Christian Mission Organisation <input type="checkbox"/> UK Church <input type="checkbox"/> GAP, exhibition & Volunteer Organisation <input type="checkbox"/> UK Charity <input type="checkbox"/> Environmental Organisation <input type="checkbox"/> Governmental Organisation <input type="checkbox"/> Private Company	
2. Subscription	
<ul style="list-style-type: none"> Annual Subscription: Your annual subscription for your first subscription year (until 31 March 2010) will be £200. Payment must be prompt, within 14 days of receipt of invoice. Please indicate below how you are paying: <ul style="list-style-type: none"> <input type="checkbox"/> I enclose our subscription with this application; OR <input type="checkbox"/> Our subscription will be sent by post shortly; OR <input type="checkbox"/> Our subscription will be sent by BACS shortly. 	
Please make cheques payable to <i>InterHealth</i> . If you have not already been invoiced, we will send it to you shortly. Please us on 020 7902 9008 if you have any queries about your payment.	
3. Reporting back to your organisation	
As part of our routine administrative procedures our clinical staff send a health clearance report to a contact person at your organisation. This is usually sent to a senior member in the organisation e.g. Human Resources Manager. The report is sent following a medical or psychological assessment and consent is always sought from the patient before the report is sent. In addition to this, a full medical report with copies of any test results can also be sent to a doctor or nurse acting as staff health advisor for the organisation. Reports are usually sent within 10-14 days of each patient's visit to InterHealth. All reports and correspondence regarding members of staff will be marked "Private and Confidential". InterHealth adheres to strict patient confidentiality guidelines. Please indicate below which type(s) of report you require and whom this/these should go to.	
A. Health Clearance Contact	
<input type="checkbox"/> We wish InterHealth to send a Health Clearance report following a medical appointment at InterHealth by one of our organisation's members of staff/volunteers	
Name of contact person for clearance reports:	
Job title:	E-mail address:
Direct Telephone:	
B. Full Medical Report - please tick and complete as necessary, or go straight to section 5.	
<input type="checkbox"/> We wish InterHealth to send a full medical report following a medical appointment at InterHealth by one of our organisation's members of staff/volunteers	
Name of contact person for full medical reports:	
Job title:	E-mail address:
Is the contact person <input type="checkbox"/> a doctor <input type="checkbox"/> a nurse?	
Address to send full medical reports to: (if same as main organisation address, state 'As Above')	
Postcode:	
Direct Telephone:	

4. InterHealth Services you are interested in

(please tick as necessary) Note: this is simply to give InterHealth an indication of what services you might use.

Staff members working overseas <input type="checkbox"/> Medicals before travelling overseas <input type="checkbox"/> Medicals 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 assessments before travelling overseas <input type="checkbox"/> Confidential reviews on return from overseas <input type="checkbox"/> Other psychological health services <input type="checkbox"/> Email and telemedicine support while overseas	UK Staff members (travelling overseas or not) <input type="checkbox"/> Pre-employment medicals <input type="checkbox"/> Pre-employment health screening (paper-based) <input type="checkbox"/> Occupational Health Referrals <input type="checkbox"/> Ill-health retirement reviews <input type="checkbox"/> Biennial medicals <input type="checkbox"/> Travel clinic (immunisations, antimalarials, etc) <input type="checkbox"/> Travel supplies in person or by mail order <input type="checkbox"/> Counselling and other psychological health services <input type="checkbox"/> Consultations if unwell on return from overseas
Volunteers on overseas placements <input type="checkbox"/> Volunteer health screening (paper-based) <input type="checkbox"/> Travel supplies in person or by mail order <input type="checkbox"/> Email and telemedicine support while overseas	Other services <input type="checkbox"/> Health briefings for members of staff/volunteers <input type="checkbox"/> Work-life balance management briefing <input type="checkbox"/> Occupational health audit

5. Contact People

A. Finance Contact

InterHealth will issue invoices weekly to those organisations that have incurred any fees on their account at InterHealth in the previous week. Settlement is due 14 days after issue of invoice. Please indicate below to whom we should send invoices at your organisation. Payment should be made to InterHealth by cheque, credit card or BACS.

Finance contact person:	
Job title:	E-mail address:
Address: (if same as above, state 'As Above')	
Postcode:	
Direct Telephone:	

B. TravelWell Plan Contact

Name of contact person for travelwellplan queries and renewal:	
Job Title:	Email Address:
Direct Telephone Number:	
Address: (if same as above, state 'As Above')	
Postcode:	

6. Agreement

I confirm that _____ (name of organisation) wishes to subscribe to the travelwellplan until 31 March 2010. In addition I understand that InterHealth will open an account in the name of the organisation and that payment is due within 14 days of issue of invoice.

Signature:	Date:
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Email Updates
 Your travelwellplan subscription entitles you to regular email updates from the travelwellplan team. These inform you of InterHealth events and services, discounted offers, latest news and important health bulletins. However, if you do not wish to receive these email updates, tick the box (be assured that if you leave the box unticked for now, in order to trial these communications, you can easily unsubscribe at any time in the future).

☐ I do not wish to receive any email updates from the travelwellplan Team

Please return completed forms to:
Felicity Pointer, InterHealth, 111 Westminster Bridge Road, London SE1 7HR or by email:
info@interhealth.org.uk