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| **Student Travel Insurance Request Form** | | | |
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| **You must complete the form below and return to -** [**TIRequests@SHU.ac.uk**](mailto:!%20FIN%20Travel%20Insurance%20Requests%20%3cTIRequests@exchange.shu.ac.uk%3e)**.**  **\*\*YOU DO NOT NEED TO COMPLETE THIS FORM IF YOUR TRAVEL IS WITHIN THE UK – THIS IS FOR OVERSEAS TRIPS ONLY\*\*** | | | |
| **STUDENT TRAVEL** | | | |
| **First Name** |  | | |
| **Last Name** |  | | |
| **Passport Number** |  | | |
| **College – this should be one of the following – BTE, HWLS or SSA**  **(if unsure please state your course)** |  | | |
| **Student No** |  | | |
| **Reason for Trip i.e, Fieldtrip, Research, Placement or Other** |  | | |
|
| **Trip Start Date** |  | | |
| **Trip End Date** |  | | |
| **Overseas Country** |  | | |
| **Overseas City/Region** |  | | |
| **Emergency Contact Name** |  | | |
| **Emergency Contact Number** |  | | |
| **Relationship to Emergency Contact** |  | | |
|  | | | |