|  |
| --- |
| **Student Travel Insurance Request Form** |
|  |  |  |
| **You must complete the form below and return to -** **TIRequests@SHU.ac.uk****.** **\*\*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** |  |
|  |