

**Canadian College Partnership Program (CCPP) – Phase II
IN-CANADA TRAINEE INSURANCE REQUEST FORM**

Please complete this form for each representative from your partner developing country organization (DCO) visiting Canada for your CCPP project. Return the completed form to the ACCC Project Officer responsible for your project at Fax No. (613) 746-6721, **no later than two (2) weeks prior to date of arrival in Canada**. Once approved, ACCC will enrol each foreign national visiting Canada in the CIDA Health Care Plan for Students, Trainees and Members of Technical Missions.

M/F	NAME OF TRAVELLER		COUNTRY OF RESIDENCE	DEPARTURE DATE	RETURN DATE	DESTINATION
	(SURNAME)	(GIVEN NAME)				
DATE OF BIRTH (Year/Month/Day)		EMERGENCY CONTACT PERSON (FAMILY, FRIEND, ETC.)			PHONE NUMBER:	

NAME OF CCI	PROJECT NO.	PROJECT NAME	PROJECT COORDINATOR (CCI)
PROJECT OFFICER (ACCC)	CONTACT PERSON IN HOST COUNTRY		PHONE NUMBER
NAME OF PERSON SUBMITTING REQUEST/CONFIRMATION FORM	EMAIL:	PHONE NUMBER	

Please complete the following questionnaire to enable us to gather data for CIDA Statistics:

A. Purpose of travel:

- | | | | |
|----------------------------|--------------------------|--------------------------------|--------------------------|
| 1. Coordination (7015) | <input type="checkbox"/> | 2. Technical Assistance (7215) | <input type="checkbox"/> |
| 3. Training Program (8115) | <input type="checkbox"/> | 4. Other (Please Specify) | <input type="checkbox"/> |

B. Specific Subject or Field of Specialisation: _____
(e.g. Veterinary Medicine, Fisheries Management, Electrical Eng.)

C. Nature of Assignment for CCI personnel: _____
(e.g. Manager, Evaluator, Advisor, Aid Administrator, Teacher, etc)

D. Approximate travel/training funds to be expended: _____
(Include airfare, accommodation, meals & incidentals)

E. Number of persons accompanying this Traveller: _____

F. Purpose of assignment: _____

Name and Signature of Authorized Signatory

Date (Year/Month/Day)

FOR ACCC SECRETARIAT USE ONLY

Request processed by: _____ Approved by (Project Officer): _____

Date confirmation sent to Project Coordinator: _____ By Fax By E-mail