

INTERNATIONAL TRAVEL INFORMATION FORM

See notes of guidance before completing this form.

1.	Name: Family Name: _____ First Name: _____		
2.	Address: (Give full private address) _____ _____ _____ Email: _____		
3.	Age: _____	4.	IPA membership number .Attach copy of membership card – both sides, pictures and stamps
5.	Police Force: _____	Department: _____	Position: _____
6.	Telephone Numbers: _____	Office: _____	Home: _____
7.	Accompanying persons (give full name of accompanying persons and in case of children age). Continue on separate sheet		
	Name	Relationship	Children's Age
	A. _____	_____	_____
	B. _____	_____	_____
	C. _____	_____	_____
	D. _____	_____	_____
8.	Destination: (A separate form in respect of each country (Section) to be visited). When visiting more than one place in any country please list each area. A. Country: _____ B: Town: _____		
9.	Method of Travel: <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Rail <input type="checkbox"/> Car		
10.	Flight Number: _____	Airline: _____	Other Means: _____
11.	Car Registration: _____		
12.	Date of Arrival: _____	Time: _____	Place of Arrival: _____
13.	Date of Departure: _____	Time: _____	Place of Departure: _____
14.	Accommodation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No (a) If yes indicate type <input type="checkbox"/> Hotel <input type="checkbox"/> Guesthouse <input type="checkbox"/> IPA House (If accommodation is required, provide sufficient information. If Hotel accommodation is required indicate number of rooms, type; single/double, with or without bath and shower and price limits (per person per night.) After the host Section has reserved hotel accommodation the applicant must confirm the booking direct with the hotel.) Home Hosting: <input type="checkbox"/> Yes <input type="checkbox"/> No If Home Hosting: <input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker (b) Number of nights _____ from _____ to _____ (c) Number of people _____ adults _____ children _____ Name and address of host or hotel: _____ _____		
15.	FACILITIES REQUIRED: (indicate specific interest, type of work (i.e fingerprint/traffic etc) and special sight seeing of historic buildings/museums etc.) (a) Visit place of interest <input type="checkbox"/> Yes <input type="checkbox"/> No If yes specify: _____ (b) Other facilities: _____ (c) Languages spoken <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Other (if other, please specify) _____		