



Intra-Provincial Travel Program

Application Form

Group

Name of School: _____

Mailing Address: _____

Telephone: Day: _____ Evening: _____

Age Range of Participants: _____

Project

Dates of your project: _____

Town/city you wish to visit: _____

Name, address, telephone and fax number of the person responsible for your project:

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Applications should be submitted by November 30 and sent to the attention of:

Ms. Georgina Lake, Manager
Department of Education
3rd Floor, West Block, Confederation Building
P.O. Box 8700
St. John's, NL
A1B 4J6
Fax: (709) 729-6619

The following are the objectives of the Newfoundland and Labrador Intra-Provincial Travel Program:

- **To help young people make more informed decisions about their future.**
- **To reach former students/young people who have dropped out of school and who are searching for a career path.**
- **To provide an opportunity for rural youth to experience the lifestyle of an urban centre.**

Explain in detail how your project will meet each of the program objectives:

Objective #1 _____

Objective #2 _____

Objective #3 _____

Describe your project, including in your description an account of the activities planned and a time-table for implementing these activities. (If necessary, additional information may be provided on a separate sheet.)

Project Participants

How many people are expected to participate in this project?

Youth _____ Adults _____

How many of the above youth are not members of your school group? _____

Please indicate how youth will be recruited and involved in the planning of the project.

Project Costs

Estimated cost of return *transportation* by the most economical means (please attach quote). \$ _____

Official receipts are required upon completion of the travel.

Insurance

The Department of Education will not assume the cost of “accident insurance” for youth and chaperones while traveling and participating in the activities of this trip. It is suggested that chaperones check with the school district or parent organization to determine policy on this matter. If insurance is not carried, it is recommended the group take out a policy. It is also advisable that the chaperone receive written permission from parents that their children may participate and that neither you, nor the organization, will be held responsible for the participants’ actions or any possible injuries incurred.

If approved, I agreed to submit a group evaluation and report to Ms. Georgina Lake, Department of Education, within 15 days of my return from the trip.

Date: _____ Chaperone’s Signature: _____

Relationship to Group: _____

Alternate Chaperone: _____