

INTERNATIONAL POLICE ASSOCIATION

Notes of Guidance for completion of the International Travel Form

1. The travel form should be used when groups or individuals wish assistance from other Sections they are planning to visit. It does not need to be used where personal contacts are already in place, i.e. regular group exchange visits, visiting friends, etc.

2. Allow sufficient time:

Group travel:	At least 3 months notice
Individual travel:	At least 1 month notice.

This is the minimum you should allow. The more notice you can give the more likely the assistance you require will be given.

3. Your anticipated itinerary and requirements should be clearly given.

4. Use a separate form for each country (IPA Section) you are visiting.

5. The form can be sent by post or by email to the hosting Section. All Sections' email addresses can be found at the International Website www.ipa-iac.org.

6. Evidence of IPA membership must be provided. A copy of the IPA membership card can be attached, or your Section can verify your membership by an endorsement on the bottom of the form. If the endorsed form is sent from the Section's official e-mail address, this should be recognised as sufficient evidence.

7. Don't expect the hosting Section to bear any financial responsibility regarding your visit. Information on accommodation etc. may be sent to you, so you will be able to make any reservation direct.

8. If requesting hosting facilities, be prepared to be flexible and, after your trip, please express your appreciation.

NB: These guidelines do not apply to travel arrangements arising from an emergency (i.e. medical requests).

INTERNATIONAL TRAVEL FORM



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TO:

Name: _____

Address: _____

- National Secretary General
- Travel Secretary
- Social Secretary
- Regional Secretary
- Branch Secretary

1.	Name: Family Name: _____ First Name: _____	
2.	Address: (Give full private address) _____ _____ _____ E-Mail Address: _____	
3.	Age: _____	4. IPA membership number (Attach copy of membership card or declaration at bottom of page must be completed)
5.	Police Force: _____	Department: _____ Position: _____
6.	Telephone Numbers: Home: _____	Work: _____ Mobile: _____
7.	Accompanying persons (give full name of accompanying persons and in case of children age). Continue of separate sheet	
	Name	Relationship Children's age
	A. _____	_____
	B. _____	_____
	C. _____	_____
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 _____	
	If already arranged, 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"/> Spanish Other, please specify) _____	
	Signed _____	Section _____ Date _____

FOR OFFICIAL USE

TO: Section _____ Name: _____

I certify that the applicant is an IPA Member. The request (as outlined) for assistance during the visit to your Section is forwarded for your attention. You may communicate with the applicant. May I thank you for your assistance.

Signed: _____ Position: _____ Date: _____