**STUDY, WORK OR VOLUNTEERING PLACEMENT OUTSIDE THE UNITED KINGDOM**

**ERASMUS+**

I hereby acknowledge that I have read the following declaration and that I understand the obligations I am undertaking as a result of participation in Erasmus +. I also confirm that I have been given all relevant information relating to the bursary scheme.

I understand that generally Cardiff Metropolitan University:-

* cannot eliminate all risks from work/study/volunteering abroad environments, or assure the safety of participants; and
* cannot assure that UK standards of due process apply in overseas legal proceedings or provide or pay for legal representation for participants.

I understand that:-

* as a participating individual, I am responsible for my own daily personal decisions, choices and activities;
* in obtaining my own medical and personal insurance
* the University cannot prevent participants from engaging in illegal, dangerous or unwise activities; and
* UK values and norms may not apply in the host country.
* I must follow the required reporting back procedures specified by Cardiff Metropolitan University.

|  |  |
| --- | --- |
| I confirm that | I will obtain / have obtained any required health vaccinations.   * Delete as appropriate |
| Placement Type:- | Study Placement Work Placement Volunteering placement   * Delete as appropriate |
| Name |  |
| Student number |  |
| Degree Programme: |  |
| Signature |  |
| Date |  |

**It is my responsibility to obtain adequate medical, belongings and travel insurance cover.**

Please return this form before leaving for your placement to [erasmus@cardiffmet.ac.uk](mailto:erasmus@cardiffmet.ac.uk)