

# **RISE-Globalink Research Internship: International Pre-Departure Form**

*Please complete and submit the following form to Mitacs Inc. Please note no funds can be released until Mitacs has received this signed form. This form must be signed by the appropriate authorized signatory at the home institution (in most cases, the International Office)*

## **Pre-Departure Preparations**

### ***To be completed by the student***

- I confirm that I have consulted with the appropriate university office to ensure that my home institution's policies and requirements have been met and adhered to with regards to research abroad.
  
- I confirm that I have obtained insurance coverage appropriate for travel to my destination and remains in effect for the duration of my travel.

*Please tick the appropriate option:*

- I confirm that I received an appropriate pre-departure orientation specifically related to the research project destination country by my home university.
  
- OR**
- I confirm that I received an appropriate pre-departure orientation specifically related to the research project destination country by an external provider, that has been approved by my home university.

Details of  
External Provider

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## **ROCA Registration or Equivalent**

*Please tick the appropriate option:*

- I am a Canadian citizen and have registered my travel details with the Registry for Canadians Abroad Database (ROCA).
  
- OR**
- I am a non-Canadian citizen and have registered my travel details with my home country's mission abroad.
  
- I confirm that I have consulted with my home institution's International Office and have registered with the Safety Abroad Database and/or equivalent at my home institution as per the home institution's policies.

## **Biographical Information & Photo Consent**

*Please select all that you consent to.*

- I, as a recipient of the RISE-Globalink Research Internship, give permission to Mitacs Inc. to use names, photographs and quotes from my internship survey, blogs and other materials I provide to Mitacs Inc. to use in promoting the RISE-Globalink Research Internship and sharing lessons learned.
  
- I, as a recipient of the RISE-Globalink Research Internship, give permission to Mitacs Inc. to post the following information about my research project on its website and other related websites: student name, university, academic program, host university, research project location, description, program dates.
  
- I, as a recipient of the RISE-Globalink Research Internship, hereby confirm that I will properly receive permission from all rights-holders, including all contributors to the survey as well as photographers or videographers (myself or others) for all photos and videos that I submit to Mitacs Inc.
  
- I, as a recipient of the RISE-Globalink Research Internship, hereby confirm that Mitacs Inc. is provided with all necessary credit information for articles, photos and videos.

**Signatures**

**To be completed by the student:**

I hereby confirm all of the information above to be true.

Full Name

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Signature

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Date

**Pre-Departure Preparations**

**To be completed by the appropriate home university staff representative (International Office or authorized signatory):**

I confirm that the above-mentioned student has consulted with the appropriate university office to ensure that the home institution's policies and requirements have been met and adhered to with regards to travel abroad, for the purposes of research.

I confirm that the above-mentioned student has received an appropriate pre-departure orientation specifically related to the research project destination country by his/her home university, and the student has been advised to obtain appropriate insurance coverage, as per the home university's policies regarding travel abroad, for the purposes of research.

**OR**

I confirm that the above-mentioned student has received an appropriate pre-departure orientation specifically related to the research project destination country by an external provider, and the student has been advised to obtain appropriate insurance coverage, as per the home university's policies regarding travel abroad, for the purposes of research.

Details of  
External Provider

**Signatures**

**To be completed by the appropriate home university staff representative (International Office or authorized signatory):**

I hereby confirm all of the information above to be true.

Full Name

Position

University

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Signature

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Date