## **Mitacs Globalink: International Pre-Departure Form**

**This form must be completed and submitted to Mitacs before your departure**. 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 university (in most cases, the international office). If you are unsure of who should sign the form, please contact international@mitacs.ca.

## **Pre-departure preparations**

Signature

To be completed by the student or postdoctoral fellow
1. I confirm that I have consulted with the appropriate university office to ensure that my home university's policies and requirements have been met and adhered to with regards to research abroad.
2. I confirm that I have obtained insurance coverage appropriate for travel to my destination and which remains in effect for the duration of my travel.
Please tick the appropriate option:
○ 3. I confirm that I received an appropriate pre-departure orientation from my home university.
OR  I confirm that I received an appropriate pre-departure orientation from an external provider that has been approved by my home university.
Details of external provider
ROCA registration or equivalent
Please tick the appropriate option:
<b>4.</b> I confirm that I have consulted with my home university's International Office and have registered with the Safety Abroad Database and/or equivalent at my home university as per the home university's policies.
○ 5. I am a Canadian citizen and have registered my travel details with the Registry of Canadians Abroad database (ROCA).
OR  I am a non-Canadian citizen and have registered my travel details with my home country's mission abroad.
<u>Signature</u>
To be completed by the student or postdoctoral fellow
○ I hereby confirm all of the information above to be true.
Full name

Date

## **Pre-departure preparations**

Signature

To be completed b	y the appropriate home university staff representative (international office or authorized signatory)
Only confirm the university's po	at the above-mentioned participant has consulted with the appropriate university office to ensure that the home olicies and requirements have been met and adhered to with regards to travel abroad, for the purposes of research.
and the partic	at the above-mentioned participant has received an appropriate pre-departure orientation from their home university, ipant has been advised to obtain appropriate insurance coverage, as per the home university's policies regarding travel e purposes of research.
( the participan	the above-mentioned participant has received an appropriate pre-departure orientation from an external provider, and t has been advised to obtain appropriate insurance coverage, as per the home university's policies regarding travel purposes of research.
Details of external provider	
<u>Signatures</u>	
To be completed b	y the appropriate home university staff representative (international office or authorized signatory)
O I hereby confi	rm all of the information above to be true.
Full name	
Position	
University	

Date