



# Intra-Provincial Travel Program

## GROUP

Name of school:

Mailing address:

Daytime phone:

Evening phone:

Age range  
of participants:

## PROJECT

Dates of your project:

Town/city you wish to visit:

Name, address, phone and fax numbers of the person responsible for your project:

Name:

Address:

Phone number:

Fax number:

Applications should be submitted **by November 30<sup>th</sup>** and sent to the attention of:

Todd Woodland, Manager of Curriculum  
Department of Education  
3<sup>rd</sup> Floor, West Block, Confederation Building  
PO Box 8700, St. John's NL A1B 4J6  
Fax: (709) 729-1400

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 timetable 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 “accidental insurance” for youth and chaperones while travelling and participating in the activities of this trip. It is suggested that chaperones check with either [NLSchools](#), [CSFP](#) 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 agree to submit a group evaluation and report to [Todd Woodland](#), Department of Education, within 15 days of my return from the trip.

Chaperone’s signature:

Date:

Electronic option:

Relationship to group:

Alternate chaperone: