



## Capital College

### Travel & Quarantine Plan

#### Personal information

|                        |  |
|------------------------|--|
| Full name              |  |
| Date of birth          |  |
| Nationality            |  |
| Home address           |  |
| Phone number           |  |
| Email address          |  |
| Passport number        |  |
| Additional information |  |

#### Arrival information

|                         |  |
|-------------------------|--|
| Arrival date            |  |
| Arrival time            |  |
| Airline / flight number |  |
| Arrival Airport         |  |
| Additional information  |  |

**Quarantine information**

|  |  |
|--|--|
| Accommodation address<br>(include name of hotel if applicable) |  |
| Type of accommodation (hotel, private)                         |  |
| Phone number   |  |
| Additional information   |  |

**Planning**

|   |  |
|---|--|
| How will you travel from the airport to your accommodation?<br>(taxi, Uber, private, etc.)                      |  |
| What is your plan for arranging food and supplies during Quarantine (without leaving your place of quarantine)? |  |
| Additional information  |  |

**Attach further information / documents this application**

## Travel & Quarantine Plan

### ACKNOWLEDGEMENT

I confirm I have a valid study permit or a letter of introduction that shows I have been approved for a study permit

I have read, understood, and will comply with the Government of Canada's Quarantine Act, including being aware of the penalties for violation of the Quarantine Act.

I confirm I have completed the ArriveCAN documentation including travel and contact information; quarantine plan; COVID-19 symptoms self-assessment.

I agree to comply to the transportation requirements from the airport to my accommodation.

I agree that that once I arrive in Canada or at my place of self-isolation, I will notify the College by email.

I confirm that I have a plan and have made arrangements for meals and supplies to be delivered to my accommodation and have no need to leave my accommodation.

I agree to having a College representative contact me at random times during my 14-days self-isolation period. I accept that if I am not compliant to the Quarantine I could be reported to the authorities

I confirm that I have the appropriate medical travel insurance, effective as of the date of my travel to Canada, which includes coverage for COVID-19 during the self-isolation period.

I confirm that I will not be living with vulnerable persons or in shared accommodation during the period of mandatory quarantine upon entry.

I confirm that I have access to sufficient funds and the ability to pay costs to cover any and all additional COVID-19-related costs, including testing.

Signature:

Date:

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Office use:

Notes:

Approved Yes /No

Name / position:.....

X ..... Date.....