



dvp

## dental volunteer programme

A unique opportunity to make a meaningful impact on the lives of others...and your own

A dental and development charity working in East Africa

[www.bridge2aid.org](http://www.bridge2aid.org)



**bridge2aid**

restoring smiles • changing lives

Application Pack



dental volunteer  
programme

**What previous  
volunteers say:**

**“Amazing  
organisation, I have  
never been on a  
more organised trip.  
I look forward to  
seeing B2A become  
more successful  
with each passing  
year.”**

**“I am amazed at what  
can be achieved in  
6 days of clinical  
officer training.”**

**“It was so moving to  
be part of a charity  
working at such a  
grass roots level.”**

**“Visiting Bukumbi  
Village was an  
experience I will  
never forget.”**

**Thank you for your enquiry about volunteering for Bridge2Aid  
(B2A)**

A visit to East Africa is a life changing experience. Be prepared to return to the UK a different person! It is a great opportunity to develop yourself and use your skills to serve the poor and marginalised of the region. We hope to provide you with a rewarding and challenging experience, and for you to leave knowing that you have made a difference.

**We are looking for Dentists and Dental Nurses (or other medical professionals willing to act as Dental Nurses) to volunteer.**

Whilst on visits, Dentists are involved in one-to-one training in diagnosis, administering local anaesthetic and extraction with Clinical Officers (COs). Dental Nurses are involved primarily in sterilising instruments and managing the clinical environment in what are very busy field 'clinics' with very basic conditions. There is also some basic Oral Health Education training and instruction, which nurses are invited to teach. Hygienists are welcome to apply to volunteer in a nursing capacity, and help us to develop the education aspects whilst on visit.

B2A is well experienced in operating short-term volunteer programmes. We have a good understanding of the issues involved in delivering dental services in a developing country.

Although we will arrange many of the practical aspects of your trip, there are a number of things you will need to prepare for, both practically and personally. We will make it clear what areas of planning are your responsibilities in the documents sent to you after interview. The information that follows will hopefully fill you in on what you can expect, and the preparation involved in a successful visit. We have tried to include everything that from our experience, you need to know. However, if you have any further questions, please contact the B2A office using the contact details at the end.



You should note that we have far more applicants than places, and places are filled many months in advance. Please therefore take time to complete all sections of the application form in as much detail as possible.

Dr Ian Wilson, Dental Director, Bridge2Aid

## DVP Development

The Clinical Officer training programme you will be supporting has been developed in partnership with the Tanzanian government. It operates from a stable long-term base in Hope Dental Centre, and is part of a strategic approach to improving oral health in the region. The work you carry out will not be a flash in the pan - others will come after you to build on what you do, and B2A's presence in the region provides a sustainable basis.



## The Dental Aspects

You'll be engaged in various dental activities during your visit. Come prepared to be flexible in your

approach! Dentistry in developing nations differs greatly from dentistry in the developed areas of the world. You will meet many people who are suffering in ways you have not been exposed to before. Most of your work will be simply relieving them from pain that they will have endured for weeks, months, or even years. You will have to work in hot, dusty conditions for many hours at a time. The CO you will work with act as a translator, to make patient communication easier. However, we strongly recommend that you learn a few simple words and phrases as this will help to put patients at ease. A list of regularly use dental phrases will be provided in your Pre-Visit Information Pack.



## Training Clinics

The main clinical aspect of the programme is training Clinical Officers (COs) at rural 'Training Clinics'. These involve travel to a rural dispensary within a 2 hour drive of your accommodation. The dispensaries serve as a base for COs. They are trained for 3 years within the Tanzanian polytechnic system to deliver basic medical services to the rural population. Since over 80% of the population live in the rural areas, they have a huge number of people to care for (between six and fifteen thousand) with very limited resources. B2A works in partnership with the government to train a number of these individuals in emergency oral health care.

The two principal objectives of the Training Clinics are:

- 1) Provide training in safe extraction techniques for the COs. (main priority)
- 2) Provide treatment for local people.

Dentists working on training will see between 15 and 30 patients a day, as time has to be taken with training the COs. Dental nurses are deployed on a rotation basis - sterilising instruments (using non-electric steam autoclave), assisting the dentist or training local assistants in basic clinical procedures. In reality, most of the work you will carry out will be extractions. The patients sit in simple chairs for treatment.

Even though statistics show that Tanzania has a relatively low DMFT score compared to other developing nations; you will come across gross caries, chronic apical infection and chronic periodontal disease. The majority of people you encounter will have poor oral hygiene and may not possess a toothbrush, where instead they may use a stick. Oral health is way down the list of priorities for many where the cost of a toothbrush is the equivalent of a day's wages. You will discover how the clinical skills you have can make a significant improvement to the lives of individuals in Tanzania. Some will walk for hours and sometimes days to visit you and receive your care. More importantly, by passing on your skills to the COs, you will be helping to provide an ongoing treatment service in the locality for a long time after your visit. You will make a huge difference here!



## Accommodation

We use a variety of centres for your accommodation. The place you stay will always be in a basic and comfortable facility. Generally with an en-suite room, always with either mosquito nets or air conditioning so the windows can be closed, and excellent security. We will advise you of the exact accommodation a few weeks before you arrive.

## Food

All meals during your visit will be provided. You will have breakfast at your accommodation, and packed lunch or canteen food on location. We will provide you with money to use as you wish to buy dinner. Eating out in even the best restaurants is extremely reasonable by UK standards.

We will provide bottled water during working days, but you will need to pay for alcohol and soft drinks at other times yourself.

Although the food is good, it is different to what you are used to. Come prepared with snacks if you think you are likely to struggle with a different diet.

## Transport

We use reliable transportation contractors including air charters, private buses, safari and mine vehicles to get you to and from training locations. The drivers all speak English and have a vast local knowledge. The vehicles are fitted with short-wave radios, so no matter how remote a location we are working in, we are always in touch with the office.

Outside of working times we will use our own vehicles or reputable local taxi companies to transport you around. If you want to venture out around the city or local attractions you can of course use taxis.

## Free Time

There are a couple of dinners at either end of your visit that we will organise. The other evenings are yours to use as you would like.

## Costs

There are three elements to your costs:

- 1) A £350 Non- refundable registration fee payable within 2 weeks of confirmation of your place.
- 2) Sponsorship costs – minimum £1400. This covers everything involved in the planning of the trip, all the costs associated with your international travel, accommodation and all your transport to and from tooth camps etc. You can choose to pay some or all of this cost yourself, alternately we would recommend you fundraise for your costs. The minimum covers your actual costs – we would like you to accept the challenge and raise as much as you can. Our vision of improving oral health in Tanzania is an enormous challenge for us and we are asking you to partner with us in facing this challenge and raise more funds. We will help you with a full pack of fundraising ideas.
- 3) Other things you will need to pay for are inoculations, visas (\$200) and anti-malarials, which we would advise as mandatory (will cost you around £35 to cover a ten-day visit).

## Flights

We use British Airways to fly to and from Tanzania, and Precision Airways, who operate modern Boeing 737s between Dar and Mwanza. Return flights may go via Nairobi.

## Language

Kiswahili is the national language of Tanzania, although English is understood in some places. We strongly recommend that you learn a few key dental phrases as well as some greetings before you come. These will be provided in the Previsit Information pack. Visitors in the past have regretted not spending some time and effort getting to know the language in advance.

## What to do next

We've tried to make this information as comprehensive as possible, but there will inevitably be things we have missed. Please contact us if you have any more questions.

If you would like to apply for a place on the DVP, please complete the Application Form, Medical Questionnaire and Participant Conditions and send them with the other items on the checklist to us at the address below. We will confirm an interview date with you within 2 weeks of receiving your application.

If you are successful we will require a £350 registration fee within 2 weeks of acceptance. The full balance of the trip is payable 12 weeks before the visit start date.



**bridge2aid**  
restoring smiles • changing lives

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PO Box 649, Chichester, PO19 9JB  
Tel: 07748 643006  
E-Mail: [ruth@bridge2aid.org](mailto:ruth@bridge2aid.org)  
Web: [www.bridge2aid.org](http://www.bridge2aid.org)

Dear Applicant

### **Volunteering for Bridge2Aid**

Thank you for your request for further information on the Bridge2Aid Dental Volunteer Programme (DVP).

I have enclosed all the information and forms you need to make an application.

We will use your application in our decision to invite you for interview. Interviews are a vital part of the programme, as we need to ensure that applicants are suited to the opportunity available in Tanzania with its heavy concentration on training. We will also select individuals who we believe will work best together in teams.

The visits normally take place in January, February, September and November each year. Please check our website for current availability and exact dates.

I hope the enclosed information provides you with all you need for your application. However should you have any further questions before proceeding to the next stage, please contact me in the Bridge2Aid office – 07768 643006 - I will be delighted to help. Please note that my office hours are Monday-Friday, 9am – 5pm each day, but you can leave a message for me at any time and I will do my best to get back to you.

Kind regards

Ruth Bowyer  
UK Visits Administrator

# Bridge2Aid Dental Volunteer Programme - Application Form



Please refer to the website for visit dates. Please use block capitals and print clearly.

**bridge2aid**  
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Personal Information					
Surname					
First &					
Name as stated on passport					
Title					
Date of		Gender		GDC No.	
Nationality					
Special Diet? (Vegetarian etc – please specify)					
Address (incl post code)					
Telephone					
Mobile					
Email					

Professional Qualifications	
Date	Details

Work Experience – last three employers		
Dates	Position	Employer Address

I wish to work on the Tanzanian DVP as a Dentist

Dental Nurse

(please tick)

Previous Cross-Cultural Experience (including recreational)		
Dates	Destination	Activities

**Please explain your reasons for applying**

**Please write a couple of paragraphs about your interests, hobbies, what motivates you, your strengths and weaknesses.**

**Trip Dates**

Please indicate which trip you would like to take part in from the trips outlined on the web site. If you do not have a preference, then write 'no preference.' Whilst we aim to meet your trip preference a place is not guaranteed until after your interview. In the event of a preferred trip being full, we operate a waiting list. Please let us know at your interview whether you would be able to participate in a trip at short notice, should a place become available.

Yes/No
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**All applicants must attend an interview-** We will contact you with appropriate dates once we have received your application.

Please indicate which Interview Centre you would prefer –

South/Reigate		Derby/Midlands	
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## Referees

Please supply details of two referees, one personal and one professional. If your application is successful we may take up these references. Both referees should have known you for a minimum of 12 months.

- 1) Professional Referee
- 2) Personal Referee (not a relative please)

Professional Referee	
Surname	
First Name	
Title	
Address (incl post code)	
Telephone	
Fax (if available)	
Email	

Personal Referee	
Surname	
First Name	
Title	
Address (incl post code)	
Telephone	
Fax (if available)	
Email	

Where did you hear about the DVP?

**Medical Questionnaire – STRICTLY CONFIDENTIAL**

Name	
------	--

In the event of you becoming ill or suffering an accident whilst on placement, the following information will be made available to the attending medical personnel. Please complete each section fully and accurately, and sign the declaration at the end. All information will be treated in the strictest confidence.

**Immunisation Record**

Please provide an accurate record of all listed immunisations including the month and year.

TYPE	No	Yes	pp	EE	EE	W	TYPE	No	Yes	pp	EE	EE	W
Diphtheria (child series of three)	<input type="checkbox"/>	<input type="checkbox"/>					MMR	<input type="checkbox"/>	<input type="checkbox"/>				
Polio (series of three)	<input type="checkbox"/>	<input type="checkbox"/>											

If you do not know the dates of your childhood immunisations, please sign this disclaimer:  
All the child immunisations above are complete to the best of my knowledge.

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

TYPE	No	Yes	pp	EE	EE	W	TYPE	No	Yes	pp	EE	EE	W
Polio Booster (as adult)	<input type="checkbox"/>	<input type="checkbox"/>					Hep A series) (1 <sup>st</sup> in	<input type="checkbox"/>	<input type="checkbox"/>				
Diphtheria (in last 10 years)	<input type="checkbox"/>	<input type="checkbox"/>					series) (2 <sup>nd</sup> in	<input type="checkbox"/>	<input type="checkbox"/>				
Tetanus (in last 10 years)	<input type="checkbox"/>	<input type="checkbox"/>					Hep B series) (1 <sup>st</sup> in	<input type="checkbox"/>	<input type="checkbox"/>				
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>					series) (2 <sup>nd</sup> in	<input type="checkbox"/>	<input type="checkbox"/>				
Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>					series) (3 <sup>rd</sup> in	<input type="checkbox"/>	<input type="checkbox"/>				
Rabies	<input type="checkbox"/>	<input type="checkbox"/>					Varicella (Chicken Pox)	<input type="checkbox"/>	<input type="checkbox"/>				
Meningococcal Meningitis	<input type="checkbox"/>	<input type="checkbox"/>											

**Medical History**

Communicable Diseases – have you ever had any of the following?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No Scarlet Fever
<input type="checkbox"/> Yes <input type="checkbox"/> No Pertussis	<input type="checkbox"/> Yes <input type="checkbox"/> No Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No Mumps
<input type="checkbox"/> Yes <input type="checkbox"/> No TB Date:		TB Skin Test <input type="checkbox"/> Negative <input type="checkbox"/> Positive Date

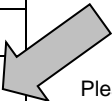
YES	No	?	Check each item Yes, No or ? (for unsure) Every item checked 'Yes' or '?' must be explained in blank space to the right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>1. Do you have any medical condition that is currently, or in the last 5 years has been treated by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>2. Do you have any allergies? Are you allergic to any medications or foods?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>3. Are you on a special or restricted diet?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>4. Have you ever been denied life or health insurance for any reason?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>5. Have you ever had any significant illness or injuries other than those already noted ? If 'Yes' please specify.</b>

YES	No	?	Have you ever been diagnosed with any of the following? Every item checked 'Yes' or '?' must be explained in blank space to the right
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Skin Cancer ♦ Eczema ♦ Skin Rash ♦ Hives ♦ Allergic Reaction ♦ Dermatitis ♦ Any Other Skin Disease?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Asthma ♦ Bronchitis (Recurrent Or Chronic) ♦ Emphysema ♦ Shortness of Breath ♦ Chronic Cough ♦ Pneumonia ♦ Hay Fever ♦ Tuberculosis ♦ Any Other Lung Disease?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Rheumatic Fever ♦ High Blood Pressure ♦ Fainting or Blackouts ♦ Heart Surgery ♦ Varicose Veins ♦ Heart Failure ♦ Irregular Heart Beat ♦ Heart Murmur ♦ Frequent Hand Or Feet Sweating ♦ Angina ♦ High Cholesterol ♦ Heart Attack ♦ Blood Clots ♦ Stroke ♦ Any Other Heart Disease.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Jaundice ♦ Hepatitis ♦ Hemia Or Rupture ♦ Stomach Or Duodenal Ulcer ♦ Liver Cirrhosis ♦ Divert Colitis ♦ Any Other Colon, Liver Or Stomach Disease?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Kidney Failure, Disease Or Insufficiency ♦ Kidney Stone ♦ Kidney Or Bladder Infection ♦ Bladder Polyps Or Tumour ♦ Loss Of Bladder Control ♦ Any Other Kidney Or Bladder Disease?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Depression ♦ Sleep Disorder ♦ Neuropathy (Nerve Pain) ♦ Numbness Or Abnormality In Arms or Legs ♦ Dizziness Or Vertigo ♦ Epilepsy Seizures ♦ Polio ♦ Stroke ♦ Serious Head Injury ♦ Nervous Breakdown ♦ Problems With Motion Sickness ♦ Nervousness ♦ Multiple Sclerosis ♦</b>

			Narcolepsy ♦ Severe Or Migraine Headaches ♦ Chronic Or Excessive Fatigue ♦ Paralysis Or Pinched Nerves ♦ Weakness ♦ Amnesia ♦ Any Other Nervous System Disorder?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes ♦ Thyroid Problems ♦ Hearing Loss ♦ Vision Loss ♦ Colour Blindness ♦ Glaucoma ♦ Any Other Eye Disease?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood Clotting Or Bleeding Disorder ♦ Anaemia ♦ Any Other Blood Disorder?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer Of Any Kind?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neck Strain ♦ Disc Condition ♦ Carpal Tunnel Syndrome ♦ Surgery (Back Or Neck) ♦ Foot Pain Or Problems ♦ Sciatica ♦ Fractures ♦ Bone Or Joint Disease ♦ Amputations ♦ Gout ♦ Arthritis ♦ Muscle Disease Or Fibromyalgia ♦ Back Strain ♦ Tendonitis, Bursitis, Joints That Lock, Catch Or Give Way ♦ Tingling Shoulder Strain Or Rotator Cuff Problem ♦ Any Other Muscle, Bone Or Joint Problem?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse, Drug Abuse or Chemical Dependency?	

<b>Prior Medical Testing</b>	
In the last 10 years, list all x-rays, blood tests, exercise tests, heart catheterizations, ultrasounds, scans, brain scans or major surgeries that are related to any significant illness or physical conditions.	
Year	Type of Test

<b>Blood Transfusions: List any blood transfusions you have had, including dates and reasons.</b>	
Date	Reason
<b>Blood Type:</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> Positive <input type="checkbox"/> Negative

 Please complete the Blood type section

Please note: If you have not been able to confirm your blood type before your trip, you will be required to sign a disclaimer.

Next of Kin	
Surname	
First Name	
Relationship	
Address (incl post code)	
Emergency Contact Numbers	
Daytime Land line	
Evening Land line	
Mobile	

Drug Allergies and Intolerance:

Medications Taken in the Past Five Years:

**Declaration**

I, \_\_\_\_\_ have completed this medical form to the best of my knowledge. I also understand the need to report changes in my health status of treatment rendered by a doctor prior to the Dental Volunteer Programme.

I request that this personal medical history be forwarded to Bridge2Aid in Mwanza, Tanzania so that I may be given any necessary medical attention should that become necessary or appropriate.

I certify that all statements given on this application are correct with no omissions.

In the course of my visit to Tanzania with Bridge2Aid, should it become necessary that I require medical treatment, I hereby agree to the performance of such treatment, anaesthetics and operations as, in the opinion of the attending physician, are deemed necessary.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Return this Questionnaire with the other items on the Application Checklist.

**\*\* Note – applicants over 55 years of age will be required to provide a letter from their GP confirming fitness to take part in the volunteer activities.**



## Bridge2Aid Dental Volunteer Programme

### Participant Conditions

These Participant Conditions are made between (i) Bridge2Aid (UK registered charity No. 1092481), and (ii) the applicant who has signed these Participant Conditions below ('I').

- 1) I agree to pay Bridge2Aid a non-refundable Registration Fee and flight deposit of £350 (£225 Registration Fee, £125 flight deposit) within 2 weeks of being offered a place in writing. I understand that the Registration Fee and flight deposit are not transferable to future trips.
- 2) If accepted:
  - a) I agree to pay Bridge2Aid the balance of the cost of my trip as notified in writing (to cover accommodation, travel, international & domestic flights, food etc) no later than 12 weeks before departure. If then unpaid, I understand that Bridge2Aid may withdraw my place, and that the Registration Fee and flight deposit will be retained by Bridge2Aid. I also understand that the total cost of my trip is estimated to be £1,750 (including the non-refundable deposit), but that the cost may vary by up to 15% more or less than this sum, dependant on the exchange rate and flight cost.
  - b) I understand that I am liable for 50% of my costs if I cancel less than 12 weeks and more than 6 weeks before departure, and confirm that I will have travel insurance in place to cover this at least 12 weeks before departure.
  - c) I understand that if I withdraw from the trip 6 weeks or less before departure no amount of the monies paid to Bridge2Aid will be repaid, and that any monies paid are not transferrable to future trips.
  - d) I understand that any notice of cancellation must be given in writing to Bridge2Aid at PO Box 649, Chichester, PO19 9JB marked for the attention of Brian Strotton.
- 3) I confirm that:
  - a) I will be at least 18 years old on the date of departure.
  - b) I will have adequate and valid travel insurance that will cover me for the specific activities I will be undertaking, including, without limitation, emergency repatriation and repatriation of my remains. If I do not provide proof of adequate and valid travel insurance by no later than 10 weeks prior to departure, Bridge2Aid may withdraw my place. I acknowledge that Bridge2Aid may withdraw my place or oblige me to obtain further insurance if Bridge2Aid believes that my insurance cover is inadequate.
  - c) I will arrange adequate and valid indemnity insurance to practise in my professional capacity in Tanzania. If I do not provide proof of this at least 10 weeks prior to departure Bridge2Aid may withdraw my place. I acknowledge that Bridge2Aid may withdraw my place or oblige me to obtain further insurance if Bridge2Aid believes that my insurance cover is inadequate.
  - d) I do not suffer from alcohol or drug dependency, or from any chronic condition, which might become acute during my trip.
  - e) I do not have any criminal convictions and I hereby give my consent Bridge2Aid making a Criminal Records Bureau search.
- 4) I understand that:
  - a) In the event that any of the statements set out in paragraph 3 above are found to be untrue, Bridge2Aid shall be entitled to cancel my trip and any sums paid to Bridge2Aid prior to cancellation shall be retained by Bridge2Aid. In the event of such cancellation, I shall reimburse to Bridge2Aid any reasonable costs, losses or expenses which

Bridge2Aid may incur or suffer as a result. Bridge2Aid will not be responsible for (and I agree to indemnify Bridge2Aid against) any costs, claims, losses and expenses arising including costs of repatriation e.g. flights and legal expenses.

- b) Bridge2Aid shall not be liable for any changes to itineraries, schedules and accommodation.
  - c) I participate at my own risk and Bridge2Aid shall have no liability for any loss or damage incurred by me, however arising, or for cancellation of the visit for any reason outside its control. This exclusion of liability does not apply to liability arising in connection with death or personal injury resulting from Bridge2Aid's negligence, or from Bridge2Aid's fraud or wilful default.
  - d) My passport must have at least six months to run from the date I return to the UK.
  - e) It is my responsibility to obtain a valid visa before departure.
  - f) If I am refused passage and/or entry/exit to or from Tanzania, any additional costs incurred are my responsibility.
  - g) Bridge2Aid may, at its sole discretion, withdraw places on the visit. In the event that my place is withdrawn by Bridge2Aid, other than in accordance with paragraphs 3 b) or c) or paragraph 4 a) or as a result of a failure to comply with my obligations under these Participant Conditions, I understand that Bridge2Aid will refund my payments other than the non-refundable registration fee and flight deposit paid under paragraph 1. above.
- 5) I undertake that:
- a) I will specify in my fundraising posters and any other materials used in connection with fundraising that I am raising funds to help cover the costs of my trip, rather than directly for Bridge2Aid. Raising funds to cover my costs is quite legitimate, but the distinction must be made as this is a Charities Commission requirement. I will also state in all fundraising posters and other materials used in connection with fundraising that any excess funds raised will be donated to Bridge2Aid.  
  
Money from fundraising cannot be used to cover the costs of my safari or weekend. I acknowledge that Bridge2Aid is not responsible or liable for the provision of my safari, nor for arranging any excursions or other tours or for anything that happens during the course of its provision.
  - b) I will pay the full balance of the cost of my trip no later than 12 weeks before the start of my trip. I acknowledge that all funds raised must be sent to Bridge2Aid to arrive before that date, and I undertake to pay an amount equal to any shortfall. I acknowledge that any funds raised less than 12 weeks before my trip cannot be refunded to me. Any funds received less than 12 weeks before my trip also cannot be put towards future trips as Bridge2Aid operate a 'per trip' policy on fundraising and therefore funds cannot be carried forward.
- 5) If I raise more money than I need to meet the costs of my trip (other than personal costs such as my safari or other tours), I understand that these funds will be used in pursuit of Bridge2Aid's aims but they cannot be carried forward to cover the costs of future trips.
- 6) I agree to uphold the highest standards of professional and ethical behaviour at all times. I will adhere to Bridge2Aid's guidance on appropriate cultural behaviour and dress during the visit, and understand that failure to do so may lead to my being excluded from activities during the visit at Bridge2Aid's discretion, as normally exercised by the General Director or Team Leader.
- 7) I consent to all information provided to Bridge2Aid being passed on to Bridge2Aid's suppliers, agents, sub-contractors, employees or volunteers, whether based inside or outside the European Economic Area, for the purposes of my trip.
- 8) If any of these Participant Conditions is found by any Court or other competent authority to be wholly or partly unfair or unenforceable the validity of the rest of the Participant Conditions and the rest of the condition in question shall not be affected and shall remain valid and enforceable to the full extent permitted by law.
- 9) These Participant Conditions are governed by English law and I irrevocably submit to the non-exclusive jurisdiction of the English courts.

**I apply to take part in the Bridge2Aid Dental Volunteer Programme, and agree to abide by the above Participant Conditions.**

I confirm that my general state of health and fitness is good and I take full responsibility for my fitness to take part. I have read the Volunteer Policy and have complied with the medical advice including necessary inoculations and malaria prophylaxis.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Application Checklist

Please return the following:

- Completed Application Form
- Complete & Signed Medical Questionnaire
- Signed Participant Conditions
- 2 x passport-sized photographs

to DVP  
Bridge2Aid  
PO box 649  
Chichester  
PO19 9JB

Tel: 01243 780102

Email: [ruth@bridge2aid.org](mailto:ruth@bridge2aid.org)

Bridge2Aid UK Office: 01243 780102