Center for Global Field Study

University of Washington

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INTERNATIONAL FIELD STUDY PROGRAM-INDONESIA

**2018**

**APPLICATION CHECKLIST**

**Applications are now being accepted for the 2018 IFSP-Indonesia program**

COMPLETED applications will be processed in the order they are received and will be accepted through Friday, 23 February 2018.

Personal Information Data Sheet

Three Letters of Reference

Confirmation of Health Screening Form

TB Test Results Form

Acknowledgment Regarding UW Student Abroad Insurance Plan Form

Acknowledgment of Risk and Consent for Treatment Form

Terms of Participation Form

Standards of Conduct for Study Abroad Form

Release Form - University of Washington

Release Form - Pusat Studi Satwa Primata-Institut Pertanian Bogor

$10.00 application fee (nonrefundable) - make check **payable to: Univ. of Washington**

**Return the completed application to:**

By Email: **Attach application as a .pdf and send to:** [**cgfs@u.washington.edu**](mailto:cgfs@u.washington.edu)

By Post: **Prof. Randall C. Kyes, Director**

**Center for Global Field Study**

**IFSP-Indonesia / Dept. of Psychology**

**Box 351525**

**University of Washington**

**Seattle, WA 98195**

By Hand: **Dept. of Psychology (Guthrie Hall Main Office)**

**Attn. Randy Kyes, Director, Center for Global Field Study**

**IFSP-Indonesia**

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**PERSONAL INFORMATION DATA SHEET**

The following information will be used to help evaluate applicants interested in participating in the International Field Study Program-Indonesia. The information provided should be accurate and up to date.

Name (print): Sex: male female

Local Address: Permanent Address:

Current phone: Permanent phone:

Email:

Birthdate (dd/mm/yyyy): Birthplace: Citizenship: State of Residence:

***NOTE*: Please keep the IFSP-Indonesia advised of any changes in your address, telephone number, and/or email.**

**Education**:

UW Student #: OR Current Univ. and Student #:

IF Undergraduate: Major: Class Standing: GPA:

IF Graduate: Major: Current standing: GPA:

**Travel Experience:**

Do you have a valid passport? **YES / NO**

**Full Name** as it appears **EXACTLY** on your passport:

for which country:

date of expiration:

Have you ever traveled abroad? **YES / NO**

to which country(s):

for how long:

dates of travel abroad:

purpose of travel:

**Foreign Language Skills:**

List languages (other than English) studied or spoken:

Level of proficiency (e.g., reading comprehension, basic conversation, fluent, etc.):

**Interests and Activities**:

Hobbies (list):

What kind of physical shape are you in? **POOR / AVERAGE / GOOD**

Do you engage in any regular exercise: **YES / NO**

Describe:

Briefly describe your level of participation in outdoor activities? (e.g., hiking, camping, backpacking, etc.):

Are you comfortable around boats / water? **YES / NO**

What is your level of swimming ability? **CANNOT SWIM / POOR / AVERAGE / GOOD**

Have you ever held certification in any medical/rescue related activity (first aid, CPR, Lifeguard, EMT, ski patrol, etc.)? **YES / NO**

Describe:

Briefly describe your interest in this program and what you hope to accomplish as a result of participation in the program. (*Please continue on the back of this page if needed*.)

**References**:

Have three individuals familiar with your academic performance, and preferably with whom you have interacted on a personal level (e.g. lab assistant, etc.), submit letters of reference. At least one letter should be from someone other than one of your professors. Letters should be sent via email or post to the Program Director: Prof. Randall C. Kyes, Director, Center for Global Field Study, IFSP-Indonesia / Dept. of Psychology, Box 351525, Univ. of Washington, Seattle, WA 98195. [cgfs@u.washington.edu](mailto:cgfs@u.washington.edu)

List the names, addresses, phone numbers, and email of your references.

1.

2.

3.

**Emergency Contacts**:

Names, addresses, phone numbers, and email of two individuals that could be contacted in the event of an emergency. What is their relationship to you?

1.

2.

The answers I have given are correct to the best of my knowledge.

Signature of Applicant Date

I authorize the release of the information in this personal information data sheet to the Office of the Program Director and to the coordinators of the program at UW and in Indonesia. .

Signature of Applicant Date

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**HEALTH SCREENING**

**NOTE TO THE APPLICANT:**

As part of the application process for the International Field Study Program-Indonesia you are requested to have a health screening. Please give this section of the application to your physician at the time of your screening. At the completion of your screening, collect the completed Confirmation of Health Screening Form and submit the form along with the remainder of the application packet to the Program Director of the International Field Study Program-Indonesia.

**NOTE TO THE PHYSICIAN:**

The applicant is applying to participate in the International Field Study Program-Indonesia. You are asked to evaluate the applicant’s physical and emotional health and his/her potential for successful participation in the program.

Participants will spend approximately four weeks abroad as part of the program. The pressures of living abroad are considerable. It is extremely important that all participants be able to adjust to dramatic changes in climate, diet, living conditions, and physical activity.

Participants in this program will spend a considerable portion of their time living under demanding field conditions in remote locations that offer few amenities and little privacy. They will need tact and sensitivity when dealing with the local people and with members of their own group. Further, the remote field locations often limit access to immediate medical attention (e.g., 12-24 hrs to reach reasonable medical care). As such, there are important health-related issues to consider regarding foods, dietary restrictions, known allergies, acute respiratory illnesses, preexisting illnesses, physical disabilities, emotional health problems, etc. that could be exacerbated/become life threatening under stressful and demanding field conditions.

**Please give the completed Health Screening Form to the applicant upon completion of your exam.**

Thank you for your assistance.

If you would like additional information about the program, please contact the Program Director:

Prof. Randall C. Kyes, Director, Center for Global Field Study,

IFSP-Indonesia / Dept. of Psychology, Box 351525, Univ. of Washington, Seattle, WA 98195.

phone: (206) 685-7159 email: cgfs@u.washington.edu

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**CONFIRMATION OF HEALTH SCREENING**

**To be completed by the physician.**

Upon completion of the screening, please complete this form and return to the applicant.

Applicant’s Name (print):

Date of Exam:

I have examined the applicant and believe that he/she is capable of participating in the International Field Study Program-Indonesia.

Comments:

Physician’s Name and Title (please print) Signature Date

\_

Health Care Facility Phone

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**TB TEST RESULTS**

**To be completed by the physician or health care provider.**

The following applicant is a candidate for participation in the International Field Study Program-Indonesia. This individual may be in close proximity with nonhuman primates and thus is required to provide verification of having had a recent TB test (within the past six months).

Applicant’s Name (print):

Date of Test:

Type of test conducted: skin chest x-ray

Test results: negative positive

I verify that the test results for the above named applicant are true.

Physician’s Name (please print) Signature Date

\_

Health Care Facility Phone

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**ACKNOWLEDGMENT REGARDING MEDICAL INSURANCE COVERAGE**

I (applicant’s name: ) acknowledge that the University of Washington does not provide (i.e., pay for) health, accident, or evacuation insurance for the Field Study Program participants. I understand that this study abroad program **requires** that I obtain international health, accident, and evacuation insurance coverage that will be in effect throughout the duration of my participation in the International Field Study Program-Indonesia.

Further, I agree to be financially responsible for any bills incurred as a result of emergency medical/dental treatment, transportation, and evacuation.

Signature Date

I acknowledge that I have read and understand the information about the UW Student Abroad Insurance Plan designed especially for the students at the University of Washington (as described on the University of Washington’s website at:

<http://www.washington.edu/globalaffairs/insurance/>

I understand that the University of Washington **requires** that all UW students participating in study or research programs abroad purchase the UW Student Abroad Insurance Plan. (*Verification of coverage will be required: Policy No., Dates of Coverage*)

For further details about the insurance plan, see: <http://www.washington.edu/globalaffairs/insurance/>

Signature Date

PARTICIPANTS WHO ARE NOT UW STUDENTS: I understand that I am **required** to purchase insurance coverage that provides the same level of coverage as that provided via the UW Student Abroad Insurance Plan. If accepted to the IFSP-Indonesia program, I will contact the Program Director to inquire about insurance plan options.

(*Verification of coverage will be required: Name of Ins. Co., Policy No., Dates of Coverage)*

Signature Date

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# **Assumption of Risk and Consent for Treatment**

# **for Study Abroad Participants**

**SECTION 1: Program Information and Risk Exposure**

# Name of Program/Class: International Field Study Program-Indonesia Psych 494 “Field Study in Animal Behavior; Psych 499 / 600 “Independent Study”

Location of Program/Class: West Java/Banten and Tinjil Island, Indonesia

Prog. Director/Faculty Sponsor: Prof. Randall C. Kyes, Center for Global Field Study & Dept. of Psychology, 206-685-7159 / 206-619-5765

Program Dates: 28 June - 24 July 2018 (In Indonesia)

Description of physical activities to be undertaken: Individuals participating in the International Field Study Program-Indonesia will spend about four weeks in Indonesia, two and a half weeks of which will be spent on a remote island (Tinjil Island) living under demanding field conditions (multiple occupancy huts, no running water, modest meals), often engaging in strenuous physical activity (extended walking in jungle; possibly swimming; etc.) in hot humid conditions. Participants are responsible for providing all necessary supplies for their field research/training projects and personal use. There are several recommended immunizations for travel to Indonesia. It is the participant's responsibility to update his/her vaccinations and obtain pre-trip immunizations. Participants should consult with their physician, health care provider, and/or the UW Hall Health Travel Clinic for more detail. Additionally, participants should read the traveler’s health information (relating to Indonesia/South East Asia) on the *U.S. Centers for Disease Control and Prevention (CDC) website (*http://wwwn.cdc.gov/travel/default.aspx*).*

**Statement of Risk Exposures:**

Participants in this study abroad program may be exposed to risks that could result in discomfort, inconvenience, forfeiture of program fees, loss of or damage to personal property, serious injury, or death as a result of, but not limited to, the following:

* riding in, traveling on, or operating motorized/self-propelled vehicles (land, air, water)
* uncomfortable or dangerous air, land, water, and/or other transportation conditions and systems
* crowded, rugged, rustic living accommodations with minimal amenities
* severe and/or unpredictable environmental conditions and events including weather and natural disasters
* dangerous terrain, temperature extremes, high-altitude conditions, and/or water and ocean conditions
* dangerous and/or poisonous flora and fauna
* shortages and inconveniences, such as power outages, lack of refrigeration, lack of hot/cold water, and/or lack of privacy
* lack of potable water and/or limited food supplies
* food-borne, air-borne, and/or water-borne diseases, parasites, and other contaminants
* exposure to transmittable and contagious disease as well as air, water, and other environmental pollutants
* lack of immediate emergency medical treatment and/or limited medical facilities in rural areas
* intentional or unintentional damage to personal property
* criminal activity including but not limited to assault, rape, murder, and kidnapping
* theft of personal property, identity theft, and/or other criminal activity
* being subject to laws and legal systems that differ in customs, penalties, and due process protection
* dangerous pedestrian conditions
* disruption or cancellation of instruction and the program due to strikes, civil unrest, natural disasters and other unforeseen circumstances
* unforeseen political, economic, security, weather, and/or other conditions
* serious injury of death

In addition to the risks noted above, the following statement summarizes/reiterates some of the potential risks (to one's person or property) a participant could encounter during, or as a result of, participation in the International Field Study Program-Indonesia. Travel by aircraft, boat, automobile, or other forms of transportation may involve greater risk than in the U.S. Participants staying on Tinjil Island or at other remote field locations may be at increased risk of illness or injury by virtue of living under field conditions in the tropics and engaging in activities that may be strenuous or physically demanding. There is risk from encounters with venomous (lethal) snakes, and other dangerous flora and fauna. Travel to/through certain areas may place participants at risk for malaria, various parasitic or fungal infections, or other diseases (e.g., tuberculosis, Japanese encephalitis, dengue fever, dysentery, cholera, typhoid fever, rabies, hepatitis A, B, C, etc.). There also may be various health risks associated with pre-trip immunizations and malaria prophylaxis (consult your physician for assessment of the risks). Prompt medical or dental attention may be difficult to obtain if an emergency arises (possibly several days from field location to clinic or hospital). Further, the medical attention may not be at the standards of U.S. hospitals (e.g., level of blood screening is unknown). Participants involved with nonhuman primates may be at increased risk of contracting various bacterial or viral diseases (e.g., Herpes B Virus).

**SECTION 2: Assumption of Risk and Consent for Treatment for Adult**

**Study Abroad Participants**

In conducting academic programs and exchanges abroad, the University of Washington (UW) makes every effort to inform participants of the potential risks involved in study abroad programs. However, the University is not able to assume responsibility for damage to or loss of property, personal illness, injury, or death of a participant while in this program or as a result of involvement in the program. We require each applicant to read and sign the following statement as an indication that the University's position is understood and accepted.

I acknowledge that there are risks inherent in my participation in any study abroad program beyond the control of the University of Washington, including but not limited to those indicated above in Section 1 and in any supplemental documents.

Despite all of the risks, I choose to participate in and agree, on behalf of myself and my estate, to assume all of the risks of my participation in this study abroad program. I also agree, on behalf of myself and my estate, to assume all risks of any personal trips and activities, including but not limited to weekend excursions, social activities, and the use of drugs and alcohol, undertaken by me at my own initiative during travel to (before) and from (after) and during the program. Should I choose to terminate prematurely my participation in this study abroad program, I agree to assume all potential risks involved and I release the University of Washington and associated staff from any responsibility therein.

I certify that I am able, with or without disability accommodation, to participate in and meet the expectations of this study abroad program and it is my intent to do so. If I need accommodation, due to a disability, I understand it is my responsibility to make such arrangements in advance in coordination with UW’s Disability Resources for Students Office and the UW Program Director, and/or partner university.

I acknowledge that the University of Washington does not provide (i.e., pay for) health, accident, or emergency evacuation insurance for participants in the study abroad program and that I am required to obtain international health, accident, and evacuation insurance coverage that will be in effect throughout the duration of my participation in the International Field Study Program-Indonesia. Further, I agree to be financially responsible for any and all medical and/or evacuation expenses incurred by me during the duration of the program, including while traveling to and from the program. I acknowledge that the UW will not pay for any of these expenses.

I (*UW student*) understand that I am required to purchase the UW Student Abroad Insurance Plan designed especially for the students at the University of Washington, as described on the University of Washington web site at: <http://www.washington.edu/globalaffairs/insurance/>

I (*non-UW student*) understand that I am required to purchase insurance coverage that provides the same level of coverage as that provided via the UW Student Abroad Insurance Plan. If accepted to the IFSP-Indonesia program, I will contact the Program Director to inquire about insurance plan options.

I understand that the CDC recommends that prior to traveling abroad, I see a healthcare provider who specializes in travel medicine in order to obtain needed medication(s) and/or vaccination(s) as well as information about how to protect myself from illness and injury while traveling. I understand that it is recommended that I see a healthcare provider at least four to six weeks prior to traveling abroad to allow time for the vaccines to take effect and to start taking prophylactic medication, if needed. Additionally, some vaccines must be given in a series over a period of days or weeks. Even if I have less than four weeks before departure, I understand that it is still recommended that I see a healthcare provider for needed vaccines and medications as well as information about how to protect myself from illness and injury. Furthermore, I understand that some countries require proof of vaccinations as a condition of entry. I acknowledge that it is my own responsibility to obtain any and all necessary vaccinations and/or medications prior to travel and that any and all consequences of not doing so, including, but not limited to contracting a disease, suffering other health consequences, and/or being denied entry to the country, will be solely borne by me.

I will notify the Program Director/Faculty Sponsor in writing if I have medical conditions about which medical personnel should be informed. Should I require medical treatment as a result of accident or illness arising during the study abroad program, I consent to such treatment. I further authorize the Program Director and the program coordinators of the study abroad program to contact my physician for consultation, as needed, in the event they determine that I may need emergency medical treatment. I also acknowledge and agree that I may be required to be evacuated from the program in the event that a medical condition leads medical professionals, the Program Director, and UW Officials to consider it necessary

I acknowledge and agree that nothing in the foregoing statements shall be construed as creating any obligation or duty on the part of UW or the Indonesian counterpart to obtain medical care on my behalf.

I also understand that the student conduct code of the University of Washington, and all applicable local, national, and international laws, apply to all program participants. Violation of the conduct code or local, national, and international laws may result in immediate dismissal from the program.

Print Name

Signature Date

**SECTION 3: (General information)**

* To request disability accommodations for this field study program, please contact the Disability Resources for Students Office at least **60** days in advance of the trip by calling: (206) 543-8924 (voice); (206) 543-8925 (TTY); (206) 616-8379 (FAX); [uwdrs@uw.edu](mailto:uwdrs@uw.edu) (email). Website: <http://depts.washington.edu/uwdrs/>
* Travel health consultation and immunizations may be obtained through:

- Hall Health Primary Care Center - UW Seattle [(206) 616-2495] <http://depts.washington.edu/hhpccweb/>

- or your primary health care provider.

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**TERMS OF PARTICIPATION**

The University of Washington expects its study abroad programs to be uniquely educational and positively transformative experiences. Participants have responsibilities to each other, as a community of learning, and to their hosts, as representatives of the University of Washington, to prepare for the experience and act appropriately while abroad. The UW Center for Global Field Study expects that all participants will:

* Be culturally sensitive and respect the people, customs and lifestyles of the host country.
* Exercise good judgment and stay informed about health, crime, safety, political, and other issues in the host country.
* Maintain sufficient funds to meet all financial obligations related to the program including, but not limited to tuition, food, transportation, passport, immunizations, and medical insurance.
* Participate in mandatory orientations and complete all forms and procedures as instructed by UW and host university staff.

**WITHDRAWAL & REFUND POLICY**

Request for withdrawal from the program must be **made in writing** to the Program Director via email or post.

Your official withdrawal date is the date your written request for withdrawal is received by the Center for Global Field Study office.

1. **If notice of withdrawal is received** 60 or more days prior to the beginning of the program in Indonesia (i.e., **on or before 29 April 2018**), **the total amount of the program payment, less the $500.00 nonrefundable deposit, will be refunded**.

2. **If notice of withdrawal is received** less than 60 days prior to the program commencement in Indonesia (i.e., **after 29 April 2018**), the $500.00 nonrefundable deposit as well as **all program payments will not be refunded.**

3. No refunds will be made for withdrawals occurring once the program begins.

**I understand these *Terms of Participation* and the *Withdrawal & Refund Policy*.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Date

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**STANDARDS OF CONDUCT FOR STUDY ABROAD**

Individuals participating in a study abroad program sponsored by the University of Washington have the responsibility to engage in appropriate conduct both with their hosts and with each other as a community of learners. These standards are maintained as compliant with Washington State law, WAC 478-120-020. All participants in a study abroad program or event are expected to:

1. Be engaged in all academic aspects of the program, including but not limited to punctual attendance to all classes, completion of assignments and participation in class discussions. WAC 478-120-202 (2.c)

2. Take part in required group activities, including but not limited to group meetings, projects, field trips, and service learning engagements. WAC 478-120-202 (2.c)

3. Practice high standards of academic and professional honesty and integrity. WAC 478-120-202 (2.a)

4. Respect the rights, privileges and property of other members of the program and the host institution, or the host family or location. WAC 478-120-202 (2.b)

5. Refrain from conduct that would endanger the health, welfare or safety of self or others. WAC 478-120-202 (2.b)

6. Refrain from conduct that intentionally and substantially obstructs or disrupts teaching or freedom of movement or other lawful activities and is not constitutionally and/or legally protected. WAC 478-120-202 (3.a)

7. Not be in possession of or use of firearms, explosives, dangerous chemicals, or other dangerous weapons or instrumentalities except for authorized university purposes. WAC 478-120-202 (3.f)

8. Refrain from unlawful possession, use, distribution or manufacture of alcohol or controlled substances. WAC 478-120-202 (3.g)

9. Abide by the Univ. of Washington's policy prohibiting sexual harassment. WAC 478-120-202 (3.c)

10. Obey the laws of the host country, the rules and policies of the host institutions, such as those regulating conduct in classrooms, residence halls, workplaces, etc. WAC 478-120-202 (2.c)

11. Refrain from threats of physical harm or physical harm of another University of Washington participant. Threats of physical harm or actually physical harm may result in immediate termination of program participation and will result in referral to the university for further disciplinary action. WAC 478-120-025 (1 & 2), WAC 478-120-030 (8) and WAC 478-120-140

12. Comply with the University of Washington Student Conduct Code, WAC 478-120.

Participants who fail to observe these standards may be subject to disciplinary action by the University of Washington and may be removed from participation in the program (WAC 478-120-030). The university will follow the Student Conduct Code, WAC 478-120, when adjudicating violations of these standards as is possible and feasible given the location of the program.

This information is available for you to download and print for your own records at the following link: https://catalysttools.washington.edu/collectit/dropbox/ipe/8033

I have read and understand the UW Standards of Conduct for Study Abroad and agree to uphold these standards. I understand that failing to uphold these Standards of Conduct may result in referral to the University of Washington or to my home institution for disciplinary action.

Name Signature Date

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**RELEASE FORM**

In conducting academic programs and exchanges abroad, the University of Washington makes every effort to protect the welfare and safety of the participants. However, the University is not able to assume responsibility for damage to or loss of property, personal illness or injury, or death of a participant while in this program. We require each applicant to sign the following statement as an indication that this position is understood and accepted.

**------------------------------ RELEASE -----------------------------**

I hereby release the University of Washington and its officers and agents from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of any travel or activity conducted by or under the control of the University of Washington.

Applicant’s Name (Print or Type) Applicant’s Signature Date

**KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN**

**PUSAT STUDI SATWA PRIMATA**

**Lembaga Penelitian dan Pengabdian kepada Masyarakat**

**Institut Pertanian Bogor**

**Primate Research Center** - **Bogor Agricultural University**

**Jalan Lodaya II No. 5 Bogor 16151**

**Telepon.+62-251-8320417, 8313637 Fax. +62-251-8360712**

**RELEASE FORM**

The Institut Pertanian Bogor (IPB) and the Pusat Studi Satwa Primata (PSSP) at IPB makes every effort to protect the welfare and safety of the participants from the University of Washington or other American or foreign Universities participating in the UW International Field Study Program-Indonesia. However, IPB and PSSP are not able to assume responsibility for damage to or loss of property, personal illness or injury, or death of a participant while in the International Field Study Program-Indonesia or as a result of involvement in the program. We require each applicant to read and sign the following liability release statement as an indication that the position put forth by IPB and PSSP is understood and accepted.

**RELEASE**

I hereby release the Pusat Studi Satwa Primata, the Institut Pertanian Bogor, and all respective officers and agents from any and all claims and causes of action for damages to or loss of property, personal illness or injury, or death arising out of any travel or activity associated with participation in the International Field Study Program-Indonesia.

Applicant’s Name (Print or Type) Signature of Applicant Date