



**BABSEACLE**  
**Legal Studies International Externship Clinic**  
**Application Form**  
**Thailand 2020**

	<b>Name:</b>	
	<b>Sex:</b>	
	<b>Address:</b>	
	<b>Email:</b>	
	<b>Phone No: (Country Code +)</b>	
	<b>Skype name:</b>	
	<b>Date of Birth:</b>	<b>Passport No:</b>
	<b>Next of Kin:</b>	<b>Relationship:</b>
		<b>Phone No:</b>
<b>Education Levels</b>	<b>Current University:</b>	<b>No. years Studying:</b>
	<b>Previous Universities:</b>	
	<b>Area of major study you are focusing on:</b>	
	<b>Years of study in HASS program:</b>	

<b>Interests and other information Interest/Hobbies:</b>	<b>Languages Spoken: (level)</b>
	<b>Specific Dietary Requirements (if any):</b>
	<b>Specific Issues or Concerns working in tropical climates:</b>
	<b>Specific Health Concerns (if any): <i>Including travel sickness and allergies</i></b>
	<b>Specific Dietary Requirements (if any):</b>
	<b>Other information:</b>
<b>Previous legal and/or social justice work</b>	<b>Describe the projects you worked on:</b>
	<b>Legal Organization/Public Interest/Social Justice/ Education Organizations/ Community-based Organizations:</b>
	<b>Describe your responsibilities during this time:</b>
	<b>Brief evaluation on your time with this organization:</b>
	<i>If more than one organization please submit on separate sheet</i>

**What to include with clinic application**

- Application Form
- Current Resume
- Cover Letter / Statement of purpose (why you want to be in the program and what you feel you can learn and contribute - no more than 300 words)
- 2 Recommendation/Reference Letters
- Writing sample
- Photocopy of Valid Passport with expiration date no less than 6 months after the start date of the BABSEA CLE Legal Studies Externship Clinic
- Signed copy of Liability Release Waiver
- Copy of Health Insurance Policy (can be sent after accepted into clinic)
- Copy of Travel/Theft Insurance Policy (optional but recommended: can be sent after accepted into clinic)

*Thank you for your interest in our clinic, we will be contacting you soon.  
Submit All Application Materials via Email to:  
[chiangmai.team@babseacle.org](mailto:chiangmai.team@babseacle.org) AND [probono@law.uq.edu.au](mailto:probono@law.uq.edu.au)*



## **BABSEACLE RELEASE AND WAIVER OF LIABILITY FORM**

In consideration for being allowed to participate in the international educational experience listed below, I, the undersigned student, acknowledge and agree to the following conditions.

Although BABSEACLE and/or the sponsor of the clinic have taken reasonable steps to provide resource and guidance, I understand that my participation in the clinic may expose me to significant risks, including, but not limited to, crime, terrorism, war, exposure to communicable diseases, the hazards of travel by airplane, vehicle and foot, serious bodily injury or death, property damage and other risks that may not be foreseeable. I recognize that BABSEACLE cannot guarantee my safety and I understand that I am solely responsible for my safety and I assume responsibility for all the risks associated with my participation in the clinic.

I know that I am not required to participate in this program in order to satisfy any requirements, even though this experience may be an approved part of my education. Furthermore, I recognize that if I am required to leave the clinic before its conclusion or if I decide to leave the clinic before its conclusion, there is no guarantee that I will receive a refund of any payment made for study abroad or for credit.

I understand and accept that, as a participant in the clinic, I am required to observe the laws of the country in which I will be residing and all academic and disciplinary regulations in effect at the host organization.

I am informed that the organization strongly recommends that students interning abroad obtain insurance coverage valid overseas to protect against the costs of hospitalization and medical care in the event of sickness, accident, disability, or death, and to offset expenses of unexpected emergency evacuation and repatriation, trip cancellation, or loss of property. I understand that I am solely responsible for obtaining Travel and Health Insurance for myself.

I understand that BABSEACLE accept no responsibility for any delay, loss, damage or injury to person or property caused to others or me whether prior to departure, during traveling or while participating in the Externship or Volunteer Clinic. Furthermore, the organization shall not be responsible to any person for any of my acts or omission, except to the extent that my activities are within the scope of approved activities covered under the organization general liability insurance.

I agree to hold harmless, release and forever discharge the organization BABSEACLE and its trustees, officers, employees and agents from any and all claims, demands and causes of action of whatever kind that I may have including, but no limited to, illness, bodily injury, imprisonment, death and loss or damage to property, or the consequences thereof, resulting from or in any way connected with my participation in the clinic.

My participation in this clinic is voluntary, and I freely agree to the stipulation of this waiver. By signing below, I certify that I am at least 18 years of age and that I have carefully read this Release and Waiver of Liability, understand it, and agree to be legally bound by it.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_