



**NEPAL LEPROSY TRUST**  
**LALGADH LEPROSY HOSPITAL & SERVICES CENTRE**  
 Dhanusha District, Nepal

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**APPLICATION FORM FOR SHORT-TERM VISITORS**

**Surname**

**Title**

**Forenames**

**Address**

**Post code**

**Telephone number**

**E-mail**

**Date of birth**

**Gender**

**Nationality**

**Passport number**

**Proposed dates of visit to Nepal, and to Lalgadh Hospital**

**Next-of-kin/ contact person whilst you are in Nepal – name, address and telephone number**

**How did you hear about NLT?**

**Why do you wish to visit Lalgadh Leprosy Service Centre/Lalgadh Hospital?**

**Are you a committed Christian? (This is not a requirement, but you should be aware that Nepal Leprosy Trust is a Christian mission)**

**Are you a student, or employed, or on a break, or otherwise? – Please include address of your university/college/institute/office etc**

**If you are a student, what stage of your studies are you at? (particularly relevant if a med student)**

**Please list your qualifications (excluding GCSEs)?**

**What work experience have you had?**

**What are your skills, hobbies and interests?**

**Do you have a criminal record, or any criminal proceedings against you currently in process?**

**You must agree to NLT's Child Protection Policy (CPP) which you should have received with this application form. Have you read and agreed to the CPP Policy?**

**NLT is introducing security checks (in UK - DBS, formerly CRB checks) as part of NLT's Child Protection Policy. Approval of visits to our projects by UK citizens may be subject to a clear DBS check. Are you prepared to undergo a DBS check (UK citizens) or other child-security screening checks?**

**Do you have any health problems?**

**Referees - Give the name, address, telephone number and e-mail address of two referees (one professional and one church/personal)**

**Signed ..... Date ...../...../.....**

**(Please use additional pages for further notes that you wish to include)**