

Letter for GP: Israel Tour Participation FOR THE ATTENTION OF THE GP

These are the accompanying notes to the Form attached informing you of the various elements that go into a UJIA Israel Experience Israel Tour, a **14-24 day-long educational programme** with a Youth Movement/Organisation, to help you give us an informed opinion as to whether **participation is suitable for your patient**. Please base your recommendation on full participation in the Programme by reading the following criteria that outlines the various elements of the Programme. **To participate the Applicant will need to provide a signed declaration from yourself, stating that they are able to participate in the Programme.**

Physical Demands

The nature of the Tour means that leaders suffer from a **lack of sleep** as the days are very long and packed full of activities. Both the educational aspect and recreational/social one is **physically demanding**. There are recreational activities and non-formal teaching methods, ranging from climbing to tops of mountains, abseiling, visiting markets, swimming, being on the bus, kayaking, working the land, visiting museums, learning through artwork and personal stories, but rarely in a classroom setting. It is essential that **Participants can fully participate** in every element of the Programme.

Weather

Israel has **hot**, dry summers and temperatures can reach up to **40 degrees Celsius**. Often there will be day trips where there is little or no shade. Participants are required to **drink at least 3 litres of water** every day to avoid dehydration.

Food

The Participant's diet may be greatly altered. Set mealtimes vary from day-to-day. Meals generally consist of salads, cheeses, breads, tuna, eggs, yoghurt (standard Israeli breakfast items), while lunches are often filled sandwiches, and dinner usually consists of falafel, schnitzel, salads, hummus, etc.

Participants will often be dining in communal dining halls, or on the ground outside.

Accommodation

Participants will be living a communal life travelling from location to location staying in **dormitories** and **camping** which can be **challenging in terms of personal space and stress management**. There may also be home hospitality.

Travel

The coach will be a second home to the Participants. They will be expected to help load and offload the group's suitcases, and pay attention to any information the Tour Guide and other leaders provide.

Social Aspect

Trips are an immensely social experience. Participants may share rooms with different people and are often put in different groups for each new activity. It is an incredibly formative trip, but it can also be a highly demanding environment, where on top of physical demands, social demands can give rise to stressful and pressured scenarios and can be an 'emotional rollercoaster'. **Please note, in recent years we have found a growing number of young people whose non-disclosed mental health problems have resulted in their early departure from the Programme.** Please take this into account when making your assessment of their suitability for participation.

Summary

Whilst on the Israel Tour, some Participants experience high stress levels in keeping up with the pace, the noise, the heat and the intensity of a group experience. It is important that the Participants come on the UJIA Israel Experience 14-24 day-long trip with strategies to deal with their own stress levels and give thought to how others react too. There is also the factor of lack of sleep. While our official day ends soon after dinner, Participants often stay up very late and are expected to be at breakfast on time, usually early in the morning.

I hope that this detailed description of UJIA Israel Experience Israel Tours allows you to make an informed opinion as to whether or not this trip is suitable for your patient. Please do not hesitate to contact me for further clarification.

Parent/Guardian:

Once this Form is completed, please upload it to the Online Application Form (either as a scanned copy or by taking a clear and legible picture). If the online upload is not clear and legible, we will ask for another copy or the original via post so please retain this for your records.

If you cannot submit this online, please email or post it to your Youth Movement/Organisation with the name/address of the Applicant marked for reference. If you do not know their address/email, please call them for details.

GP MEDICAL FORM

To Be Completed By Your GP, Jdoc365 Or ZoomDoc

GPs: Please write in capitals and black ink.

Full name of Patient:

D.O.B of Patient:

Current state of Patient's mental and physical health:

Medical history:

Please give a brief summary of the Patient's medical history. Please provide information about any learning disability, mental health issue, emotional health, physical disability or medical condition and include details about the condition and capabilities of the Patient. For example, it is important to know if the patient has ASC, ADHD, self-harmed, eating disorders, anxiety, depression, and/or history of substance abuse. The Programme Organisers may contact you for more information which will, of course, be treated in confidence.

If the Patient has pre-existing medical, physical, emotional or mental health conditions, have they been stable for the past 6 months (change of medical treatment, worsening of condition, surgery or any other medical procedure)? **Yes** **No** ☐ ☐

If **NO** please elaborate:

Is the Patient currently under any Specialist or Therapist or is in the process of being referred to one for any type of physical, medical, emotional or mental health condition? **Yes** **No** ☐ ☐

If yes, please give the name and the contact details of the professional:

Please specify the **condition** for which the Patient has been referred or treated by a Specialist/Therapist

Food intolerances / allergies / specific dietary issues:

Food	Allergy Y/N	Intolerance Y/N	EpiPen needed Y/N	Antihistamines Y/N	Other Treatment	Please describe reaction (include whether it's mild/moderate/severe)

Other Allergies (not food related):

Allergy	EpiPen needed Y/N	Antihistamines Y/N	Other Treatment	Please describe reaction (include whether it's mild/moderate/severe)

The programme that the patient is applying has a strenuous schedule and includes activities such as:

Cycling, Hiking, Abseiling, Water sports, Swimming, Rafting, Camel riding, Snorkelling, sleeping in the desert etc.

Please clarify if you feel the applicant would NOT be able to participate in any of the above due to their physical or mental health:

Medication

Is the Patient on any medication? (Including contraceptive pill)

Name of medication (generic name)	Strength of dosage	Frequency	Reason for medication

Immunisations

Dates of last Tetanus:

Date of last MMR vaccination:

Additional Comments

Doctor's Statement:

This form has been completed by myself using the full NHS records for this patient, and to the best of my knowledge the details above are complete and correct. In my opinion, at the time of signing this, I see no reason why the applicant would not be capable of fully participating in a UJIA Israel Experience Israel Tour as outlined in the notes, I have provided any relevant information at my disposal but accept no liability for the ability to participate in the programme.

As a Doctor, I confirm that I have read and understood the accompanying notes explaining the full intensity of the (up to) 24-day long UJIA Israel Experience Israel Tour.

DOCTOR'S NAME (block capitals):

ADDRESS (including postcode):

SURGERY STAMP:

TELEPHONE:

EMAIL:

SIGNATURE:

DATE: