

## **DECLARATION FORM**

I will have and retain comprehensive travel medical insurance that will cover my period of stay in Canada. I acknowledge that I am fully responsible for covering any medical expenses I may incur during my stay in Canada as a result of injury or illness. I acknowledge that if I don't have medical insurance at any time during my stay in Canada I will no longer be eligible to participate in the "International Experience Canada" and neither the Government of Canada nor the provincial or territorial government in the Canadian province or territory in which I am staying can be held accountable for my medical fees and expenses.

I acknowledge that my dependent(s) (i.e. wife/husband, child/children) can NOT accompany me to Canada under this program. My dependent(s) must submit a separate application to enter Canada; for example, as an "International Experience Canada" participant, visitor, student or worker.

I acknowledge that if I am accepted to the "International Experience Canada" and am issued a Letter of Introduction, but do not participate in the "International Experience Canada" during the period in which the letter is valid, the issuance of the Letter will count as a participation and I will therefore not be allowed to re-apply to the "International Experience Canada" in this category, unless multiple participations in the same category are allowed according to the terms of the Agreement or Memorandum of Understanding between Canada and my country.

I will enter Canada with a return or departure ticket or with sufficient funds to purchase a return ticket at the beginning of my stay in Canada.

I intend to leave Canada before the expiry of my passport or before the expiry of my Work Permit, whichever comes first.

I have read and understood the necessary information on the Embassy of Canada in Chile, "International Experience Canada" website, at [www.chile.gc.ca](http://www.chile.gc.ca), so that I am knowledgeable of the implications of my application.

I solemnly swear that I have completed the "International Experience Canada" Application and Declaration forms accurately and truthfully to the best of my knowledge, and I have not falsely represented myself in any way. I acknowledge that if I have knowingly falsely represented myself, my application package will not be accepted, and I will not be reimbursed the participation fee that I have paid to the "International Experience Canada" .

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
(DD / MM / YYYY)