Faculty Acknowledgement of Responsibility

**Please sign and return this page via email to** **ubcfrel-g-admin@mail.ubc.ca** **and** **Immigration.Help@ubc.ca.**

**Each department is responsible for working with the trainees to create a self-isolation plan, which must be provided to** **ubcfrel-g-admin@mail.ubc.ca** **and** **Immigration.Help@ubc.ca** **before their travel.**

**Travellers who believe they meet the exemption should prepare a plan as back up in case they are found to not be exempt.**

**A self-isolation plan must include:**

* A location suitable for 14-day self-isolation, and mode of transportation to the location
* Arranging the necessary supports:
	+ Food, cleaning supplies, medications, child care and pet care supplies
	+ Social or family support
* The following statement and acknowledgement section:

**Fully vaccinated travellers may be exempt** from the 14-day quarantine requirement and the day 8 COVID-19 test if they meet [select criteria.](https://travel.gc.ca/travel-covid/travel-restrictions/covid-vaccinated-travellers-entering-canada) Please have the faculty member review and acknowledge the following:

* I have read and believe that I do qualify under the [*Exemption from Quarantine requirements*.](https://travel.gc.ca/travel-covid/travel-restrictions/covid-vaccinated-travellers-entering-canada)
* I have read and believe that I do not qualify under the [*Exemption from Quarantine requirements*.](https://travel.gc.ca/travel-covid/travel-restrictions/covid-vaccinated-travellers-entering-canada)

**In summary, Administrators must follow these steps to track all incoming faculty members:**

**Step 1:** Inform the incoming trainee member that any person entering Canada may be required to self- isolate for 14 days should they not be found exempt. Retain proof for future inspections.

**Step 2:** Send an email to ubcfrel-g-admin@mail.ubc.ca and Immigration.Help@ubc.ca with contact info, planned travel arrangements and planned accommodations in Canada for each incoming faculty member.

**Step 3:** Upon arrival of each trainee, please confirm their arrival by sending a second email to ubcfrel-g-admin@mail.ubc.ca and Immigration.Help@ubc.ca with a copy of the faculty member’s work permit, arrival date and confirmed accommodation for the 14-day self-isolation period, or confirmation that they were found to be exempt from quarantine.

I understand and will ensure our faculty is in compliance with the responsibilities outlined here. If questions arise, we will contact Siobhan Murphy, Director of Housing & Relocation Services, for guidance immediately.

Trainee’s Name Department

Dean’s Signature Faculty

Date

**Self-Isolation Plan**

**Traveller’s information**

|  |
| --- |
| Medical Postgraduate Trainee’s name:  |
| Accompanying family members’ names (if applicable): |
| Position: Resident or Clinical Fellow |

**Self-Isolation Plan:** (*Please provide full information)*

|  |
| --- |
| Anticipated travel date to Canada: |
| Full travel itinerary and method of travel to Canada: |
| Port of entry: |
| Indicate how you expect to travel to your isolation location from port of entry: |
| Location and address of where you, and any accompanying members of your household will spend the 14 day self-isolation period:  |

**Please indicate how you will arrange for necessities and considerations to support you and your household members for the duration of your self-isolation period:**

|  |
| --- |
| 1. Food and groceries including cleaning supplies (please list details of how you will get food, cleaning supplies, and other groceries required)
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|  |
| 1. Medications/medical supports (please list details of how you will get or bring necessary medications and or other medical supports for yourself and members of your family if applicable)
 |
|  |
| 1. Internet access (please list details of how you will arrange for internet access while in isolation)
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|  |
| 1. Child care, if applicable (Please indicate how childcare will be provided if you or your partner gets sick; indicate how the sick parent may quarantine from the rest of the family)
 |
|  |
| 1. Social and or family support (please list details of how you will get through this period without your usual supports in the community)
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|  |

By signing this document, I confirm the above information is true to the best of my knowledge and understanding as of this date.

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

Signature

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

Date