**Risk Assessment Template**

**Student Placement – International Travel**

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| Personal Details: | | |
| **Name:** |  | |
| **Student number:** |  | |
| **Degree programme:** |  | |
| **Country to be visited:** |  | |
| **Type of activity to be undertaken:** |  | |
| **Is your activity a compulsory or optional part of your degree programme?** |  | |
| **Name of host institution/organisation:** |  | |
| **City/town of host institution/organisation:**  *If you will be travelling to multiple cities as part of your planned activity (not for holiday/recreational purposes), please state all planned destinations* |  | |
| **Dates of activity** *(dd/mm/yyyy format)*:  *You must provide accurate dates so that the Student International Travel Working Group can ensure you have not travelled against FCDO guidance or whilst your host country is in lockdown/ a state of emergency -* | **From:** | **To:** |

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| 1. **Explicit FCDO approval for travel and residence in your host country/region:**   *Please note that, if your activity is an optional part of your degree programme, you will not be approved for travel to countries to which the FCDO advise against ‘all but essential’ travel, and University insurance will not provide cover for this.* | |
| Please state the FCDO travel advice for your host country: |  |

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| 1. Lockdown / state of emergency in your host country/region*Please note that no approval will be given to any student for travel to countries currently in lockdown and/or a state of emergency, as this would not be covered by Queens University’s insurance.* | |
| **Please state the FCDO travel advice regarding ‘Coronavirus’ for your host country:** |  |
| **According to the ‘Coronavirus’ section of the FCDO travel advice for your host country, is your host country and/or region currently in lockdown and/or a state of emergency?** |  |
| **Please give full details:** |  |

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| Visa/Entry requirements for your host country | |
| **Please detail the ‘Entry requirements’ from the FCDO travel advice for your host country:** |  |
| **Please detail any specific entry requirements in place for your host country in response to the Coronavirus pandemic:** *(Note you may have to also check information provided directly by the host country)* |  |
| **Will you have any problems in meeting any of the above entry requirements?**  *(Please note that there may be different entry requirements in place for different passport holders.)* |  |
| **If you answered ‘yes’ to the above, please provide details:** |  |
| **Please detail any work/ research permits you need (if undertaking a work or research placement) and state if you will have issues securing this:** |  |

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| 1. Evidence of acceptance by host:*In order to gain approval to travel in Semester 2 of 2020/21, you must provide evidence that your host institution/organisation (e.g. university or employer) is willing and able to:*  * *Accept you in person for the planned duration of your Semester 2 placement, AND* * *Confirm that you could undertake the study/work opportunity remotely as a contingency*   *This evidence should be provided in electronic format, in the form of an email sent from an official organisational email address.* | |
| **Please tick to confirm you will send evidence of acceptance from your host alongside a copy of your risk assessment:**  *(Delete as appropriate)* | **Yes**, I will send evidence of acceptance alongside my completed risk assessment  OR; |
| **No**, I am not able to send evidence of acceptance alongside my completed risk assessment |
| **If you answered ‘No’ to the above, please explain why:** *(Please note, approval for travel will not be granted until you have uploaded your evidence of acceptance and this has been approved by the Student International Travel Working Group* |  |

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| Activity Assessment | |
| **Please give a brief description of the overseas activity you are planning to undertake:** |  |
| **Please detail any updated work/study practices your host organisation/institution has put in place in light of the Covid-19 pandemic** *( i.e. social distancing, strict hygiene procedures, etc):* |  |
| **Please give details of any aspects of your work/study/research that may give rise to significant hazards** *(i.e. hazards beyond those involved in general office work/university study)* |  |

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| Academic contingency plan: In order to gain approval to travel in Semester 2 of 2020/21, your School must have a contingency plan in place that will allow you to meet the academic requirements of your degree programme in the event that your overseas activity cannot go ahead or is disrupted part-way through.  You must discuss and confirm a contingency plan with your School Placement Coordinator before completing this section.  Due to the uncertain nature of the Covid-19 outbreak and the potential for government advice, travel arrangements and study/work placements to change at short notice, approval for travel will not be granted unless a suitable contingency plan can be identified. | |
| **Please outline in detail how you will meet the requirements of your degree programme if your overseas activity cannot go ahead.**  *(Please provide links to relevant information, or course titles/codes where necessary.)* |  |
| **Name of Placement Coordinator who put in place above plan:** |  |
| **Email address of above Placement Coordinator:** |  |

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| 1. **Coronavirus restrictions** | | |
| * 1. **Current Coronavirus restrictions in your host country**   *Even if they are not in an official lockdown or state of emergency, most countries around the world have imposed some level of restrictions aimed at curbing the spread of Coronavirus. These are likely to include restrictions on travel, shopping and meeting other people (amongst others) and have the potential to affect your overall experience abroad and/or have an impact on your mental health.*  *Please look at the ‘Coronavirus’ section of the FCDO travel advice for your host country, and outline the Coronavirus measures currently in place for your destination, and what steps you will take/coping mechanisms you will implement to try and mitigate the impact these may have on your overall experience and wellbeing:* | | |
| **Type of restriction:** | **Overview of restrictions in place:** | **Steps you will take to mitigate the impact of these on your overseas experience and wellbeing:** |
| **Travel** |  |  |
| **Public spaces and services** |  |  |
| **Healthcare** |  |  |
| **Other** |  |  |
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| * 1. **Potential Coronavirus restrictions in your host country**   *Even if your host country doesn’t currently have any Coronavirus restrictions in place, or if the ones they do have are not very strict, it is possible that further measures could be introduced at short notice once you have arrived at your destination.*  *Students who have been in this situation in the past have often found it challenging to adapt to the new measures (especially stricter ones), both academically and in terms of their mental health. This has often greatly affected their overall experience of the time abroad, as was not the one they had been expecting.*  *Please read through the potential restrictions below that could be implemented in your host country after you arrive (these have all happened in the past), and outline the steps you would take to mitigate the impact of these on your overall experience and wellbeing.* | | |
| **Type of restriction:** | | **Steps you could take to mitigate the impact of these on your overseas experience and wellbeing:** |
| **Unable to leave home except for essential purposes (e.g. to buy food/medicine) and inability to exercise**  *(Think about the particular challenges of this happening if you will be living in student accommodation/a flatshare with people you don’t know / you are struggling with the local language)* | |  |
| **Host university/work organisation closes its physical spaces and requires you to study/work from home 100% of the time**  *(Think about how you will integrate with classmates/colleagues, seek support virtually, or immerse yourself in the local language/culture if applicable)* | |  |
| **Host country announces closure of its borders and you are unable/don’t feel it is safe to travel home in time**  *Think about:*   * *How you would pack up your accommodation and transport/store your belongings if you had to leave at the last minute* * *Could you extend your stay in your accommodation if necessary? If not, how would you go about finding somewhere else to live?* * *How would you look after your mental health if you ended up having to stay in-country for an extended period after your activity ended?* | |  |

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| 1. **Monitoring travel advice whilst abroad**   *Whilst abroad, you should monitor FCDO travel guidance regularly, and save important contact details for easy access in an emergency. Please complete the following sections:* | | |
| **Have you added the FCDO travel advice website (**[**https://www.gov.uk/foreign-travel-advice**](https://www.gov.uk/foreign-travel-advice)**) to your browser favourites?** | Yes | No |
| **If you answered ‘No’ to the above, please explain why:** |  | |
| **Have you followed the FCDO on at least one social media channel?**   * **Facebook: @FCDOTravel** * **Instagram: @travelaware** * **Twitter: @FCDOtravelGovUK** | Yes | No |
| **If you answered ‘No’ to the above, please explain why:** |  | |
| **Please list the contact details of the nearest relevant\* embassy/consulate to your destination:**  ***\*E.g. British Embassy/Consulate if you are a UK citizen, Canadian embassy if you are a Canadian citizen, etc*** | Which embassy? (e.g. British, Canadian, Spanish):  Address:  Phone number:  Email address: | |
| **Have you saved the Queens University 24/7 emergency contact number in your phone:**  **+44 28 9097 5099?** | Yes | No |

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| 1. **Health Abroad**   *This section asks you to consider certain factors concerning your physical and mental wellbeing, and how you will manage the risk associated with these whilst abroad.*  *The information you provide in this section will not act as a barrier to you undertaking an overseas activity; it will be used only to ensure appropriate risk mitigation strategies are put in place, and that we can provide you with further support if required.* | | | |
| * 1. **Vaccinations** | | | |
| **Are there any vaccinations required to travel to your host country?**  *You should research this at least 8 weeks before departure, using the following resources:*   * *TravelHealthPro:* [*https://travelhealthpro.org.uk/countries*](https://travelhealthpro.org.uk/countries) * *FitForTravel (NHS Scotland):* [*https://www.fitfortravel.nhs.uk/destinations.aspx*](https://www.fitfortravel.nhs.uk/destinations.aspx) * *NHS website:* [*https://www.nhs.uk/conditions/travel-vaccinations/*](https://www.nhs.uk/conditions/travel-vaccinations/) | Yes | | No |
| **Please tick to confirm either of the following:** | I confirm that I have already had **OR** will arrange to have the required vaccinations before travel to my host country | | I confirm that no vaccinations are required to travel to my destination |
| * 1. **Medication** |  | | |
| **If you currently take any medication on a regular basis (prescription or otherwise), please outline how you plan to access this medication whilst abroad:**  *(Consider whether it is available in your host country, if it is legal to bring it with you, etc.)* | State ‘Not Applicable’ if no medication is needed. | | |
| * 1. **Accessing a Doctor** | | | |
| **Name of nearest/recommended doctor / healthcare centre in host country:** |  | | |
| **Address of above doctor / healthcare centre:** |  | | |
| **Please tick to confirm that you will register with the above as soon as possible upon my arrival in country:** | I confirm that I am required register with a doctor/healthcare centre whilst abroad, and that I will do so as soon as possible upon my arrival in country | | |
| * 1. **Disability Status** | | | |
| **(a) Are you registered with Disability Services at Queen’s?** | Yes | No | |
| **(b) Do you have a disability, medical condition, mental health condition or learning difficulty which may require addition support arrangements at your host university/organisation?** | Yes | No | |
| **(c) If you answered yes to (a) or (b), have you already discussed your international placement with Disability Services at Queen’s?** | Yes | No | |
| **I understand that, if I have answered yes to (a), this Risk Assessment form may be shared with Disability Services at Queen’s.** | Yes | No | |
| **Confirmation of Fitness to Travel** | | | |
| **I confirm that:**   * **To the best of my knowledge, I am physically and mentally fit to travel, and to undertake my planned overseas activity** * **I understand I am responsible for any medication I may need to bring with me / obtain whilst abroad** | Yes | | No |
| **If you have answered ‘No’ to the above, please provide further details:** |  | | |
| **Status Reports** | | | |
| **I confirm that:**   * **I will update my School Placement Co-ordinator on the current situation including health, safety and wellbeing on a regular basis** * **I will respond in a timely manner to check-in emails sent to me by Queen’s University** | Yes | No | |

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| Emergency Situations | | | | | | |
| Emergency contact person Please provide the contact details of an emergency contact person (who the University can contact in case you are involved in an emergency situation):  *Your emergency contact could be a parent/guardian, family member, friend, or someone else you trust* | | | | | | |
| **Name of emergency contact:** | | |  | | | |
| **Relationship to you** *(e.g. parent, sibling, friend)*: | | |  | | | |
| **Address:** | | |  | | | |
| **Phone number (including country code):** | | |  | | | |
| **Email address:** | | |  | | | |
| **Please confirm that you have added an emergency contact person on Qsis, and that the details are up-to-date**  *You can do this via the following link:* [*https://qsis.qub.ac.uk*](https://qsis.qub.ac.uk) | | | Yes, my emergency contact person on Qsis is up-to-date | No, I have not updated my emergency contact person on Qsis | | |
| **If you answered ‘No’ to the above, please explain why:** | | |  | | | |
| **Is the above contact available at all times?** | | | Yes No | | | |
| **If you answered ‘NO’ to the above, please supply an alternative contact and contact information including relationship of this person to you.** | | |  | | | |
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| Copies of important documents | | | | | | |
| **Please confirm that you have made electronic copies of the following documents, and can easily access these in case of an emergency:** | | | | | | |
| **Passport / ID card that you used to travel to your overseas activity:** | | Yes | | No | | |
| **Visa (if applicable):** | | Yes | | No | | N/A |
| Lost/stolen bank cards | | | | | | |
| **Please state the number you need to call to cancel your bank card if it is lost or stolen:**  *(You should also check if you can cancel it via an app and if so ensure you have downloaded this prior to departure)* |  | | | | | |
| **Will your bank send you a replacement card to your new address overseas, if necessary?**  *(Some banks will only send to your currently registered home address)* | Yes | | | | No | |
| **If you answered ‘No’ to the above, please detail your contingency plan for accessing money until you receive your card:** |  | | | | | |

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| 1. **Student Declaration** | | |
| I confirm that, to the best of my knowledge, the information I have provided in this document is true and accurate: | Yes | No |
| I have read and understood the FCDO travel advice for my destination, and I am aware of the associated risks and ways in which these can be reduced to as low as is reasonably practicable: | Yes | No |
| I understand that I will not be approved for travel until the following conditions have been met:   * I have completed the Risk Assessment and this has been signed off by my School * My request for approval to travel has been authorised by the International Student Travel Working Group | Yes | No |
| I therefore understand that I should not currently make any travel/accommodation arrangements or other financial commitments relating to my overseas activity: | Yes | No |
| **Signature:**  **Date:** *(dd/mm/yyyy)* | | |
| ***Guidance to students - please now return this form to your School*** | | |

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| Approval checklist (to be completed by School) | | | |
| **Item:** | | **Tick if conditions have been met and evidenced:** | **Authoriser - initial to confirm** |
| 1. | Student has confirmation that host can accept them in person for Semester 2 |  |  |
| 2. | Student has outlined a suitable academic contingency plan put in place by their School |  |  |
| 3. | Student has provided details of the nature of their activity, any risks that could be incurred from undertaking this and a contingency plan to mitigate these risks |  |  |
| 4. | For optional activities: there is explicit FCDO approval for travel and residence in the student’s planned destination AND there is currently not a lock-down/a state-of-emergency or other restrictions (e.g. entry ban) |  |  |
| 5. | For mandatory activities: there is currently not a lock-down/a state-of-emergency or other restrictions (e.g. entry ban) in the student’s planned destination |  |  |
| 6. | Student has outlined the specific advice given by the FCDO for their destination for each category, and detailed how they will mitigate each of the risks involved |  |  |
| 7. | Student has confirmed they are required to monitor FCDO advice whilst abroad |  |  |
| 8. | Student has satisfactorily completed the Health section in full, and confirmed they are physically and mentally fit to travel |  |  |
| 9. | Student has provided emergency contact details, and completed the Emergency Situations section satisfactorily and in full |  |  |
| 10. | Student has ticked, signed and dated the Student declaration section |  |  |
| ***Guidance to Schools – please now forward this form to the Global Opportunities Team (goglobal@qub.ac.uk)*** | | | |

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| 1. **Declaration by Student International Travel Working Group** |
| The Student International Travel Working Grouphas reviewed this risk assessment for study/work overseas and is happy that suitable and sufficient arrangements have been put in place to minimise foreseeable risks as far as is reasonably possible. |
| **Signature:**  **Date** *(dd/mm/yyyy):* |