

| **Common Travel Area**  **Student Placement approval to travel** | | | |
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| School: | |  | |
| Date of Departure: | |  | |
| Date of Return: | |  | |
| Name and email of student travelling: | | Name:  Email: | |
| Student Number: | |  | |
| Name of Placement Provider and location: | |  | |
| Date by which a firm commitment needs to be made (if applicable): | |  | |
| Have you received confirmation from your placement host of your commencement on-site?  Evidence of acceptance by host.In order to gain approval, you must provide evidence that your placement provider is willing and able to:   * Accept you in person for the planned duration of your 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. | | YES / NO  If you cannot provide evidence of acceptance, please explain why: | |
| Please provide the rationale for attending the placement host in-person: | |  | |
| **Note:** The University’s Insurance company have confirmed there **will** still be cover for Covid-19 related emergency medical expenses but that Covid-19 will be excluded from travel curtailment and disruption claims. | | | |
| Have you made yourself aware of the latest travel advice within the CTA?  [NI Direct Covid 19 Travel Advice](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-travel-advice) | | YES / NO | |
| **RISK MITIGATION** | |  | |
| Please detail any updated work practices your placement provider has put in place in light of the Covid-19 pandemic (social distancing, face coverings, hand hygiene procedures, etc).  Please consider travel to and from the destination and the main activities to be undertaken on placement. | |  | |
| **HEALTH** | | | |
| Have you any underlying medical condition which makes you more susceptible to Covid-19?  If yes, have you sought advice from your GP regarding any additional safeguards or mitigations required? | | YES / NO | |
| Please circle your expected COVID-19 vaccination status at date of departure. | | No vaccinations  1st vaccination received  1st and 2nd vaccinations received  Prefer not to disclose | |
| **STAYING IN CONTACT** | | | |
| Please provide details on how you can be contacted in case of an emergency at home or the University needs to contact you: | | Your phone number while on placement:  Email addresses: | |
| If you are unavailable, who should we (the University) contact:  Contact host organisation / friend / colleague | | Name:  Phone Number:  Email addresses: | |
| EMERGENCY CONTACT | | Name:  Phone Number:  Email addresses: | |
| In case of an emergency on your side, please provide details of next-of-kin or the person you would like us to contact on your behalf: | | Name:  Phone Number:  Email addresses: | |
| **Declaration by Person Travelling**  I will review the position up to the proposed date of travel and will seek additional approval if circumstances change.  I am aware of the current University Insurance Policy with respect to cover included.  I will comply with PHA guidance on return vis-à-vis quarantine if required, and with local public health requirements in the placement location.  I have reviewed the up-to-date travel advice and local sources at my area of intended travel and I will not be placing myself or others in undue danger by travelling to the proposed area(s). | | | |
| **Print Name:** | **Signature:** | | **Date:** |
| **Please submit this completed request form by email to your School or Faculty Office.** | **Faculty / School Office Email**  **[ xxxxxxxxxxx@qub.ac.uk]** | |  |
| **Approval by Head of School**  Following review of the information provided in this request, I approve travel to the placement host location to attend for placement within the CTA. | | | |
| **Print Name:** | **Signature:** | | **Date:** |