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| **Covid-19 Travel Justification** |
| School/Directorate: |  |
| Date of Departure |  |
| Date of Return |  |
| Name and email of person travelling |  |
| Staff number or Student Number |  |
| What is the Purpose of Travel? |  |
| **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. |
| Can the event take place via video conferencing? |  |
| Is the Travel Essential? <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-travel-advice> |  |
| If yes please provide the rationale |  |
| List all countries and areas to be visited | Please check current FCO advice for the respective countries/areas above (note in particular advice for your area of study); and/or the relevant Government Covid-19 restrictions at the site of fieldwork.  |
| 1. **[Enter details here]** |  |
| 2. **[Enter details here]** |  |
| Risk mitigation (what arrangements are/will be in place to ensure the visit is suitable and safe)Please consider travel to and from the destination and all activities to be undertaken in-country |  |
| Date by which a firm commitment needs to be made (if applicable) |  |
| **HEALTH** |
| Have you any underlying medical condition which makes you more susceptible to Covid-19?If yes, have you sought advice from your GP about general health advice when travelling and what additional safeguards/mitigations have therefore been put in place? |  |

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| **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 overseas:Email addresses: |
| If you are unavailable, who should we (the University) contact:Contact host organisation / friend / colleague | Name:Phone Number:Email addresses: |
| EMERGENCY CONTACTIn 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: |

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| **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 country visited. I have checked the Foreign and Commonwealth Office (FCO) website 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). |
| **In light of current travel restrictions in NI involving managed isolation (hotel quarantine, test kits etc), I can confirm that these issues/costs have been considered and agreed by my Head of School/Director. If circumstances change I will update the UEB Travel Sub-Group.** **(Up-to-date information can be found on NI Direct website – nidirect.gov.uk)** | **Initial and Date to confirm** |
| **Print Name** | **Signature**  | **Date** |
| **Declaration by Head of School**I have reviewed the travel request and the risk assessment completed and I have considered the implications and costs regarding the return to work process (eg isolating). I confirm that the travel as described is essential from the perspective of the School and there are no appropriate alternative arrangements which could achieve the same business / research outcome.  |
| **Print Name** | **Signature**  | **Date** |
| **Declaration by UEB Travel Sub-Group** We have reviewed this risk assessment for travel and are happy that suitable and sufficient arrangements have been put in place to minimise foreseeable risks as far as is reasonably possible. |
| **Print Name****(Chair)** | **Signature** | **Date** |