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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 CONTACT  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: |

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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** |