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| **Staff International Travel Risk Assessment****Please complete for international travel only and submit for School / Directorate approval to travel.** |
| School/Directorate: |  |
| Date of Departure: |  |
| Date of Return: |  |
| Name of staff travelling: |  |
| Email of staff travelling: |  |
| Staff Number: |  |
| Proposed location: |  |
| Please provide a detailed description of activities being undertaken at the location: |  |
| **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 for the country/location, including entry requirements?  | YES / NO |
| **RISK MITIGATION** |  |
| Please detail mitigations in place to minimise risk of transmission of Covid-19:(e.g., vaccination status, social distancing, face coverings, hand hygiene procedures, etc).Please consider travel to and from the destination and the main activities to be undertaken at the location. |  |
| **HEALTH** |
| Have you any underlying medical condition which makes you more susceptible to Covid-19? | YES / NOIf YES, it is recommended that you seek advice from your GP. |
| **STAYING IN CONTACT** |
| Please provide details on how you can be contacted in case of an emergency: | Your mobile phone number or contact number at the location:Contact Email address: |
| If you are unavailable, who should the University contact?e.g., Host organisation, colleague, in-country contact, booked accommodation etc. | Name(s):Phone Number(s):Email addresses: |
| Emergency Contact at the location: | Name:Phone Number:Email address: |
| 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: |
| **Declaration by Staff member 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 (e.g., quarantine if required), and with local public health requirements in the 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 Line Manager in your School or Directorate.**  |  |  |
| **Approval by Head of School/ Directorate**Following review of the information provided in this request, I approve travel to the proposed international location. |
| **Print Name:** | **Signature:**  | **Date:** |