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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 / NO  If 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:** |