

| **Common Travel Area****Student Placement approval to travel** |
| --- |
| School: |  |
| Date of Departure |  |
| Date of Return |  |
| Name and email of student travelling |  |
| 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/NOIf 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 vaccinations1st vaccination received1st and 2nd vaccinations receivedPrefer 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 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: |

|  |
| --- |
| **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 or Nominee**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** |