## Travel Assessment Form for Travel Overseas

**Section 1**

**A. Contact details**

**Student Contact Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | **Undergrad year of study** | **CRSid** | **Contact number while away** | **Tutor** |
|  |  |  |  |  |

**Emergency contacts –** My emergency contact details on CamSIS are up to date **Yes/ No**

**B. Emergency Contact (away from Cambridge) e.g. onsite supervisor or host**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** | **Contact number**  (include local area code) | **Email address** | **Language spoken** |
|  |  |  |  |

**C. Travel Itinerary**

If you are planning to visit more than one country, you may need to complete separate risk assessments

|  |  |
| --- | --- |
| **Travel start date** |  |
| **Travel end date** |  |
| **Location – be as specific as possible *(town/village, province and country)*** |  |
| **Address and contact for your accommodation** |  |
| **Type of travel** | *Please describe e.g. city visit, fieldwork, charity etc* |
| **Description of proposed activities including sites you will work across (if there are multiple)** |  |
| **Lone working** | *Yes/No* |
| **Supervised** | *Yes/No* |

**Detailed breakdown of travel itinerary**

*(Please record each section of your proposed trip on a separate line, giving as much detail as possible. This should include any transit airports. Add rows as necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Depart from*** | ***Travel to*** | ***Date of travel*** | ***Activities at this location*** |
|
|  |  |  |  |
|  |  |  |  |

**D. FCDO advice rating**

Please tick below to acknowledge correspondence with the University COVID helpdesk whilst planning this trip.

|  |  |  |
| --- | --- | --- |
| **Yes I have contacted the COVID helpdesk, and I am aware of testing and quarantine requirements for this destination** | **I am aware of testing and quarantine requirements from other resources** | **I do NOT know the testing and quarantine requirements for this destination** |

Please indicate below the FCDO rating for the area that you will be **staying in, working in and travelling through** (select more than one if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No special rating given** | **See our travel advice before travelling** | **Advise against all but essential travel** | | **Advise against all travel** |
| **Please record the date that you checked the FCDO travel advice website:** | | |  | |

You can sign up to Foreign, Commonwealth and Development Office travel alerts by following the link below; select your destination and subscribe to the email alerts for the country you propose to visit. <https://www.gov.uk/foreign-travel-advice>

*By signing here, I agree that I will subscribe to and monitor Foreign, Commonwealth and development Office travel alerts for my proposed destination*

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

**E. Personal Characteristics, Local Laws, and Customs**

Please sign to indicate that you have considered your wellbeing needs and discussed these with your College Tutor and record any information that you feel is relevant. Please also read all information relating to the [local laws and customs](https://www.safeguarding.admin.cam.ac.uk/local-laws-and-customs) of the area you are visiting and consider implications of your personal characteristics within the local culture.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |
| Relevant summary of the discussion: | |

**F. Insurance**

|  |  |
| --- | --- |
| You are required to have travel insurance if leaving the UK (and not visiting your home country). Please agree that you will buy /arrange insurance if applicable and include details of policy |  |

**G. Passport Information**

I confirm my passport is up to date and has an expiry date that is at least 6 months from the date of travel.

**Section 2**

**H. Hazards, Risks and Control Measures**

The table has been pre-filled with **examples** of hazards that may be present during your proposed trip away. You must **amend**, **remove,** or **add** hazards as appropriate to your travel plans. Control measures should be specific to you and the trip you are proposing.

Please click on the topics for more information and examples of risk control measures

|  |  |  |
| --- | --- | --- |
| **Hazard and Description**  For each topic, list foreseeable issues that may cause you harm | **How is this likely to affect you?**  Describe how hazards can cause harm to you and how your work activities or personal characteristics could affect the likelihood of you being exposed to harm | **Control Measures**  Actions/precautions you will take to eliminate/reduce the impact of the hazard or likelihood of harm occurring |
| [**Work related hazards**](https://www.safeguarding.admin.cam.ac.uk/individuals-travelling-health-and-safety-those-working-away/completing-risk-assessment/work-related) | | |
|  |  |  |
| [**Crime**](https://www.safeguarding.admin.cam.ac.uk/crime) | | |
|  |  |  |
| [**Political Violence/Conflict**](https://www.safeguarding.admin.cam.ac.uk/political-violenceconflict) | | |
|  |  |  |
| [**Accident - Travel and Personal**](https://www.safeguarding.admin.cam.ac.uk/accident-travel-and-personal) | | |
|  |  |  |
| [**Authorities**](https://www.safeguarding.admin.cam.ac.uk/jurisdiction) | | |
|  |  |  |
| [**Environment**](https://www.safeguarding.admin.cam.ac.uk/individuals-travelling-health-and-safety-those-working-away/completing-risk-assessment/environment) | | |
|  |  |  |
| [**Health**](https://www.safeguarding.admin.cam.ac.uk/health-physical-and-mental) **(mental and physical)** | | |
|  |  |  |

**I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessment where necessary.**

|  |  |  |
| --- | --- | --- |
| Name: | Date: | Signature: |

**Approval (office): I am signing to indicate that this constitutes a suitable and sufficient assessment of the risks of the proposed travel away.**

|  |  |
| --- | --- |
| Name:  Role: | Signature:    Date: |

**I. Management of Specific Risks** if you feel you have already answered these questions within the hazard table please indicate this rather than duplicating answers. Please delete the guidance in the right hand column and add your own answers.

**Preparedness**

|  |  |
| --- | --- |
| Have you travelled to this location(s) before? Detail previous experience/family links |  |
| Have you travelled to other similar locations before? Detail previous experience |  |
| Have you previously completed any health, safety, or security training? Please give details |  |

**Safety & Security Arrangements**

|  |  |
| --- | --- |
| If travelling to an existing project is there a health & safety plan, risk assessment and/or emergency plan in place? | *If so, please describe what they cover and attach copies when submitting this form* |
| Are you being hosted by a partner organisation/local host? | *If so, which organisation, and in what ways are you making use of/relying on their safety and security arrangements* |
| Will you receive a briefing about the context and recommended safety & security procedure when you arrive? |  |
| Are there any festivals, public holidays, or elections happening during your trip? If so, what additional considerations/ provision are you making? |  |
| Are there any environmental issues/natural disasters that could arise during your trip? If so, what additional considerations/ provisions are you making? |  |

**Personal and Cultural Considerations**

|  |  |
| --- | --- |
| What information sources do you intend to use to keep up-to-date with safety, security or political developments in country? |  |
| Are there any cultural aspects or personal characteristics that you must consider to avoid risk to yourself? (E.g. dress, greetings, behaviour, sex, gender identification, religion, language skills?) |  |
| Is it necessary to have a curfew (latest time of return to your accommodation)? |  |
| What specific measures will you put in place to reduce the chances of illness and/or injury? |  |
| Do you require any specialist equipment for this trip (first aid kit, mosquito net etc.)? |  |

**Communications**

|  |  |
| --- | --- |
| How widespread and reliable are internet and mobile phone communications in your location(s) of travel? | *Consider the coverage of different areas by mobile network providers, coverage blackspots and reliability of service. Also consider the possibility of government shut-down of key communications infrastructure.* |
| What contingency options do you have for communications if normal options are not available? | *Consider access to alternative methods of communication (e.g. a second local sim card, access to a radio network, or carrying a satellite phone) or who else might be able to help with communications if needed* |

**Transport**

|  |  |
| --- | --- |
| What arrangements are in place for transport when you arrive at the destinations (e.g. airports)? |  |
| Which international and national airlines will you be travelling with?[[1]](#footnote-1) If not flying, give details of how you will arrive in the country. |  |
| What transport will you use for the rest of your trip? | *Please detail method of transport, type of vehicle, use of drivers, convoy arrangement* |
| Will you be accompanied for all/part of your trip? If so, by whom and when? |  |
| What limits will you place on the times of travel? | *(e.g. no travel after dark, no travel before 6am)* |
| Have you checked whether it is safe for you to travel on foot? Is it safe to do this at night or by yourself? |  |

**Accommodation**

|  |  |
| --- | --- |
| Where will you be staying during your trip? (if not included in itinerary above) | *Please list all locations and types of accommodation* |
| Has this accommodation been recommended/approved by your host/someone else? |  |
| What other venues will you be visiting? What safety/security arrangements will you put in place? |  |

**J. Contingency plans**

If your plans to deal with specific hazards are not effective what are your contingency (back up) plans? Only add contingency plans for the most severe risks

|  |  |
| --- | --- |
| **Risks** | **Contingency plans** |
| *Examples*   * *Loss of passport, travel documents* * *Airport closed at time of return (due to natural disaster or civil unrest)* | * *Contact local embassy/consulate for your nationality* * *Contact insurance to arrange safe return to UK* * *Leave photocopies of travel documents with emergency contacts* |
|  |  |
|  |  |

**Additional Contingency Information**

|  |  |
| --- | --- |
| List medical facilities that you could use in case of an emergency: |  |
| What are your in-country emergency contact points? | *Consider local host/contact, police, relevant Embassy or High Commission, government authorities etc.* |
| If you need to leave your location of travel where will you relocate/evacuate to? | *Detail which alternative locations you will travel to, which routes you will use and what methods of transport* |
| Who is the first person at the University of Cambridge you will contact? | *Name/number* |
| Who will be your back-up UoC contact? | *Name/number* |

I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessment where necessary.

|  |  |  |
| --- | --- | --- |
| Name: | Date: | Signature: |

**Approval (office):** I am signing to indicate that this constitutes a suitable and sufficient risk assessment for the proposed trip away.

|  |  |
| --- | --- |
| Name:  Role: | Signature:  Date: |

A copy of this form should be kept by the person travelling, and another by the secretary for the travel awards committee.

1. http://ec.europa.eu/transport/modes/air/safety/air-ban/doc/list\_en.pdf [↑](#footnote-ref-1)