## Travel Risk Travel Assessment Form for Travel within the UK

**Section 1**

1. **Contact details**

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| --- | --- | --- | --- | --- |
| **Full name** | **CRSid** | **Undergrad Year of Study** | **Are your own and emergency contact details up to date on CamSIS?** | **Tutor** |
|  |  |  |  |  |

**Emergency Contact**

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

1. **Travel Itinerary**

Please include estimated arrival and departure dates for all countries you intend to visit.

|  |  |
| --- | --- |
| **Travel start date**  |  |
| **Travel end date**  |  |
| **Location *(town/city and country)* Be as specific as possible** |  |
| **Address and contact number of your accommodation** |  |

1. **Travel Plans**

|  |  |
| --- | --- |
| **Type of travel**  | *Please describe e.g. city visit, fieldwork, charity etc* |
| **Detailed description of proposed activities including sites you will work across (if there are multiple)** |  |
| **Working in isolation (lone working)?** *Yes/No*  | **Supervised?***Yes/No*  | **Collaborating with others?** *Yes/No*  |

1. **Personal Characteristics**

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.

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

1. **Insurance**

Please give details of travel insurance that covers your travel within the UK:

|  |  |
| --- | --- |
| **Name of insurer:** | **Policy number:** |

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**Section 2**

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

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

1. **Agreement and Sign-Off**

I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessments if and when circumstances change or the risks are not covered by this assessment.

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

I am signing to indicate that this constitutes a suitable and sufficient assessment of the risks of the proposed travel away.

|  |  |
| --- | --- |
| Name: Chair of Travel Awards CommitteeRole:  | Signature:Date: |

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