

**Standard Travel Risk Assessment Form**

**\*Please complete this form in full, and send it to your course administrator. Your application for LTWA will not be approved without a completed Risk Assessment, and your LTWA application must be approved before you are permitted to travel.**

**1. Contact details**

**Student Contact Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | **College** | **CRSid** | **Contact number while away** | **Email address while away** |
|  |  |  |  |  |
| **Course** | **Supervisor** | **Destination** | **Start Date** | **End Date** |
|  |  |  |  |  |

**Emergency Contact Details**

*Please note that your emergency contact may be called or emailed if you stop responding to contact or fail to respond in an overseas emergency.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of emergency contact** | **Contact number**  (include local area code) | **Email address** | **Language spoken** |
|  |  |  |  |

**Local Contact e.g. onsite Supervisor**

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

**2. Travel Itinerary**

If you are planning to visit more than one country then you should complete separate risk assessments

|  |  |
| --- | --- |
| **Travel start date** |  |
| **Travel end date** |  |
| **Location of working away *(town and country)*** |  |
| **Address** |  |

|  |  |
| --- | --- |
| **Type of working away** | *Please describe e.g. archival work, fieldwork* |
| **Detailed description of proposed activities including sites you will work across (if there are multiple)** |  |
| **Lone working** | *Yes/No* |
| **Supervised** | *Yes/No* |

1. **Foreign and Commonwealth Office Travel advice rating**

Please indicate below the FCO rating for the area that you will be **staying and working in**

|  |  |
| --- | --- |
| No specific rating given | See our travel advice before travelling |
|  |  |
| Please select the date that you checked the FCO rating | Click here to enter a date. |

You can sign up to Foreign and Commonwealth 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 and Commonwealth Office travel alerts for my proposed destination*

|  |  |
| --- | --- |
| **Sign** | **Date** |
|  |  |

**4. Personal Vulnerabilities, 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 factors within the local culture.

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

**5. Insurance**

|  |  |
| --- | --- |
| In order to ensure that your work away is fully authorised you **MUST** purchase travel insurance if leaving the UK (and not visiting your home country). Please agree that you will buy insurance if applicable and include details of policy e.g. University insurance |  |

**6. Check-in Details/Emergency Contact Points**

*Arrange a suitable frequency and method of check-in with your supervisor or other designated person within the University for the duration of the trip.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Check-in Person (primary and alternate)** | **Check-in Frequency** | **Contact details** | **Means of Communication** |
| e.g. Supervisor, College Tutor | e.g. once a month |  | e.g. email |
|  |  |  |  |
| Please provide details of the consulate with which you will be registering, including their contact details. *Where possible, please register before you leave Cambridge.* | | | | |
| Are there any potential physical or psychological problems that might arise due to the nature of your research? | | | | |
| Do you have the appropriate permission to access libraries, archives, museums, and do you have the necessary letters of introduction? | | | | |
| Are you prepared for any potential medical issues? Do you have any existing medical conditions? Do you have the correct vaccinations and documentation of vaccinations? Do you have the details of your medical insurer? | | | | |
| Are you aware of the Visa requirements for your visit and any other documentation required? | | | | |
| Please describe your plans for immediate evacuation, should it be necessary. | | | | |

**7. Hazard Table**

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

|  |  |  |
| --- | --- | --- |
| **Hazard**  specific factors in the environment which may cause you harm | **Hazard Description and Personal Vulnerabilities**  If known: include frequency of when the threat may occur, for example, when travelling, visiting a remote region, during religious festival, in a crowded space etc. | **Control Measures**  **(actions to reduce risk level)**  Include action that may be taken to eliminate risk entirely |
| **Work related hazards** | | |
|  |  |  |
| **Crime** | | |
|  |  |  |
| **Political Violence/Conflict** | | |
|  |  |  |
| **Accident - Travel and Personal** | | |
|  |  |  |
| **Authorities** | | |
|  |  |  |
| **Environment** | | |
|  |  |  |
| **Health** |  |  |
|  |  |  |

*The above are only examples to assist you; you must continue to add hazards to the table as necessary*

**Person working away: 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: |

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

**Department/Faculty: I am signing to indicate** **that this constitutes a suitable and sufficient assessment of the level of risk identified.**