**OVERSEAS TRAVEL SAFETY AND SECURITY RISK ASSESSMENT**

This form is provided to assist you in the planning process for your proposed travel overseas as part of University related activities.

This assessment relates solely to **overseas travel, or travel within the UK that requires a flight**. Any other risks associated with placement or fieldwork activities must be assessed separately.

Please complete and return this form to Andrea Marshall [a.marshall@worc.ac.uk](mailto:a.marshall@worc.ac.uk) (01905 542634) or Judith Wild [j.wild@worc.ac.uk](mailto:j.wild@worc.ac.uk) (01905 542206) and (for staff) the International Recruitment Team [international@worc.ac.uk](mailto:international@worc.ac.uk). For students, please cc to

* School of Allied Health, and School of Nursing and Midwifery – [wblso@worc.ac.uk](mailto:wblso@worc.ac.uk)
* [School of Humanities, and School of Arts](http://www.worcester.ac.uk/discover/institute-of-humanities-and-creative-arts.html) – copy to your Work Placement Course Leader
* School of Science and the Environment – [ise@worc.ac.uk](mailto:ise@worc.ac.uk)
* School of Sport and Exercise Science – [sportsoffice@worc.ac.uk](mailto:sportsoffice@worc.ac.uk)
* [Worcester Business School](http://www.worcester.ac.uk/discover/worcester-business-school.html) – [businessplacements@worc.ac.uk](mailto:businessplacements@worc.ac.uk)
* School of Education – [s.holland@worc.ac.uk](mailto:s.holland@worc.ac.uk)
* Semester Abroad Study Students – a.niedfeldt@worc.ac.uk

**COMPLETING THIS FORM**

**PART 1 – To be completed by ALL**

**PART 2 – Only to be completed** whenyou are travelling to a country or region where the Foreign & Commonwealth Office have advised:

* Against all travel
* Against all travel to parts of the country
* Against all but essential travel
* Against all but essential travel to parts of the country, or
* You are aware that you will be going to places that you believe may be of higher risk

**AND/OR** where **the Red24 Risk Rating** is **High** or **Extreme**. Both you and the Universityneed to take all reasonable and practicablesteps to reduce the risk to you while you are travelling to such areas.

**\*\*Until this form has been received and the trip agreed by the Head of Institute/Director you will not be authorised to travel, nor will you be covered by the University’s travel insurance policy\*\***

**\*\*If a major incident arises in the country you are visiting, please contact your line manager at the earliest opportunity to advise that you are safe and well\*\***

Prior to travel, please refer to the following Foreign and Commonwealth Office website link, ‘Preparing for safe and healthy travel abroad’:[**https://travelaware.campaign.gov.uk/**](https://travelaware.campaign.gov.uk/)

**We are requesting this information from you in order to perform a risk assessment for insurance requirements. For the same purpose we may provide this information about you to the University’s Insurers to ensure sufficient insurance cover. The processing of this data is necessary for the performance of a contract between the University and the employee (Article 6 (1) 9b).**

**Please note that the University of Worcester is the Data Controller and details of how we process your data including how long we retain it and your rights are detailed on** <https://www.worcester.ac.uk/informationassurance/staff-privacy-notice.html>

**PART 1 – To be completed by ALL**

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| --- | --- | --- | --- | --- |
| **Full Name** |  | | **Nationality** | |
| **School / Department** |  | | **Passport No** | |
| **Date of Birth** |  | | **Staff Number** | **Student Number** |
| **Where are you travelling to?**  Country, Region & Town  **Dates of travel?**  **Please give contact details of the British Embassy where you are travelling:** Please click on the following link[www.gov.uk/government/world/organisations](http://www.gov.uk/government/world/organisations)  **If you are not a British citizen, please give contact details of your country’s Embassy in the location where you are travelling:** | | |  | |
| **Does this Country/Region appear on the Foreign and Commonwealth Office website advising against travel?**  Please click on the following link  [www.gov.uk/foreign-travel-advice](http://www.gov.uk/foreign-travel-advice) | | | Yes\*        No    \*if Yes then you ***MUST*** complete **Part 2** of this form | |
| **What is the risk rating determined by Red24?**  Please click on the following link to log in:  [www.red24.com/affiliates/aviva](http://www.red24.com/affiliates/aviva)/  **Username:** [**a.marshall@worc.ac.uk**](mailto:a.marshall@worc.ac.uk)  **Password: worcester** | | Low       Medium       High\*       Extreme\*  \*if the risk rating is **High** or **Extreme** you ***MUST*** complete **Part 2** of this form | | |
| **What is the purpose of this trip?**  Placement / Conference / Recruitment / Research? If Research, please give an overview of the subject. | | |  | |
| **Do you have the correct documents, visas and valid passport for this visit/these visits?** | | | Yes       No | |
| **Have you travelled here before?**  Please specify if you have extensive knowledge of the country you are visiting | | | Yes\*        No  \*if Yes, on how many previous occasions? | |
| **Contact Information while overseas**  Mobile Phone Number (if applicable):  Main Address & Telephone number (with dates):  Additional Addresses & Telephone Number (with dates): | | |  | |
| **What form of transport will you use whilst in the destination country?**  If driving a vehicle do you have an appropriate driving licence? | | | Yes        No | |
| **Health Checks and Vaccinations identified to be necessary**  Please click on the following link  [www.fitfortravel.nhs.uk/destinations.aspx](http://www.fitfortravel.nhs.uk/destinations.aspx)  Include any details and dates here of inoculations / malaria medication courses etc. | | |  | |
| **Any other health-related information you may think is relevant**  This information will enable us to provide you with any further support you may need. | | |  | |
| **Next of Kin**  Please provide information of who to contact in the event of an emergency:  **Name**  Relationship to you  Telephone Number  Email Address | | |  | |
| **University Contact**  Please advise who at the University you would like us to contact in the event of an emergency:  **Name**  Telephone Number  Email Address | | |  | |
| **If you are an EU resident we strongly recommend that you get an EHIC card if travelling within Europe.**  **See the following link:** <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx>  **If you are studying abroad within Europe, you will need to complete a specific form for students. See the following link**: <http://www.nhs.uk/NHSEngland/Healthcareabroad/movingabroad/Pages/Studyingabroad.aspx> | | | | |
| **Emergency Contact information**  **Travel Policy Number to quote 100003636GPA and Reference NUBT 0105**  Aviva Emergency Medical Assistance: +44 (0)1243 621066  All other Assistance: +44 (0)1243 621416  **Diversity Travel Emergency Contact** Contact +44 (0)203 544 3545 for any travel enquires during office hours (UK time: 08.45-17.30 Mon-Fri). In the event of an emergency outside office hours, contact +44 (0)161 300 8258 where you will be put in touch with a Diversity Travel consultant.  **24 hour emergency University number: +44 (0)1905 855495** | | | | |

**Part 1 sign-off (only if you are not completing Part 2)**

The information given on this form is correct to the best of my knowledge and in the event of subsequent alterations I will ensure that it is updated as necessary.

**Declaration by Traveller**: To the best of my knowledge I am physically and mentally fit to travel and am not travelling against medical advice. I have considered the risks associated with my proposed travel arrangements and an informed judgement has been made.

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| **Name of Traveller:** |  | **Signature:** | **Date:** |

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| **Name of Head of School / Department:** |  | |
| **Signature of Head of School / Department:** |  | **Date:** |
| **Assessment & Recommendations:** |  | |

**PART 2**

**To be completed by those travelling to a country or region that the Foreign & Commonwealth Office have advised:**

* Against all travel
* Against all travel to parts of the country
* Against all but essential travel
* Against all but essential travel to parts of the country, or
* You are aware that you will be going to places that you believe may be of higher risk
* **AND / OR where the Red24 Risk Rating is HIGH or EXTREME**

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| **Safety and Security Arrangements** | | |
| **Please detail the country/area information as it appears on the Red24 website**.  [www.red24.com/affiliates/aviva/](http://www.red24.com/affiliates/aviva/)  Username: [a.marshall@worc.ac.uk](mailto:a.marshall@worc.ac.uk)  Password: worcester | | *This information may be printed off and attached.*  **NOTE**: this information **must** be reviewed immediately before travel, and during your stay. |
| What will you do to reduce/manage these risks? | |  |
| Are you being hosted by another organisation?    If yes, please give Organisation Name  Will you be given a security briefing by them on arrival?  Is there any security training provided by the host organisation?  Does that organisation have a security or emergency system in place which you will use? | | Yes        No          Yes\*        No  \*If Yes, please provide further information        Yes\*       No        N/A  \*If Yes, please provide further information        Yes        No        N/A |
| How will you transfer to and from the location?  What are the security arrangements in place for the transfer? | |  |
| **Contingency / communication plans** | | |
| If you are taking a mobile phone does it work in the area to which you are travelling?  Where applicable, is the host organisation providing a mobile phone/walkie-talkie etc?  If appropriate, have you devised a call-in schedule? This involves regular phone calls or emails to the office to update staff on your whereabouts. Please provide details:  Have you emailed your Embassy in the destination country and informed them of your visit? | | Yes        No        Yes        No        Yes        No            Yes        No |
| At any point will you be travelling alone? | | Yes\*No  \*if Yes, please refer to UCEA guidance:  [O:\All Staff Documents\Insurance\UCEA guidance\_on\_health\_and\_safety\_in\_fieldwork15920141538114.pdf](file:///\\Staff.worc.ac.uk\shared\All%20Staff%20Documents\Insurance\UCEA%20guidance_on_health_and_safety_in_fieldwork15920141538114.pdf) |
| **ITINERARY** | *This information may be attached separately* | |
| **Flight details, including dates** |  | |
| **Accommodation details** |  | |
| **Venues and locations to be visited** |  | |

**Please note: Individuals have the right to withdraw from a trip or refuse to travel if they have a reasonable concern for their own safety.**

**PART 2 sign-off**

The information given on this from is correct to the best of my knowledge and in the event of subsequent alterations I will ensure that it is updated as necessary.

**Declaration by Traveller**: To the best of my knowledge I am physically and mentally fit to travel and am not travelling against medical advice. I have considered the risks associated with my proposed travel arrangements and an informed judgement has been made.

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| **Name:** |  | **Signature:** | **Date:** |

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| **Name of Head of School / Department:** |  | |
| **Signature of Head of School / Department:** |  | **Date:** |
| **Assessment & Recommendations:** |  | |