

**Aberystwyth University Overseas Travel Risk Assessment Form**

The Travel Risk Assessment Form must be completed by any member of staff who will be travelling overseas on University business. All sections must be completed. Section A should be completed and submitted to the authorising person within the Institute or Department. Once both Sections A and B have been completed, the form must be sent to [travel@aber.ac.uk](mailto:travel@aber.ac.uk) to arrange Travel Cover. Travel Cover will not be arranged without receipt of this completed form. A copy of the completed form is to be retained by your Institute or Department for information for in the event of an emergency.

**SECTION A**

**Travel Details**

|  |  |  |
| --- | --- | --- |
| Name of Traveller |  | |
| Institute / Department |  | |
| Email Address |  | |
| Staff / Student Number |  | |
| Name of Line Manager / Supervisor |  | |
| Contact number(s) during the period of travel |  | |
| Date(s) of Travel | *From:* |  |
| *To:* |  |
| Destination(s) (Cities and Countries) | *1.* |  |
| *2.* |  |
| *3.* |  |
| *4.* |  |
| Purpose of Travel  ***Note:*** *Specific**Risk Assessments for high risk activities must accompany this form* |  | |
| Current FCO advice for country(ies)/region(s)  <https://www.gov.uk/foreign-travel-advice> | Choose an item. | |

**Emergency Contact Information**

|  |  |
| --- | --- |
| British Embassy Contact Details  <https://www.gov.uk/world/embassies> |  |
| Address of Nearest British Embassy (to country/region visiting) |  |
| Emergency Contact Number for Country(ies) to be visited |  |
| Travel Cover Provider Details | Tel: +44 (0)20 7902 7405  Fax: +44 (0)20 7928 4748  Reference: UMAL/025 |
| Contact Details of Host Organisation (if applicable) |  |

**Risk Assessment**

| **Hazards and Controls** | **Controls in Place** | | | **Control Measures to be Implemented / Further Details** |
| --- | --- | --- | --- | --- |
| **Yes** | **No** | **N/A** |
| **Personal Safety and Security** | | | |  |
| Foreign and Commonwealth Office (FCO) travel advice has been consulted and will be adhered to at all times, particularly in respect of no go areas, carrying valuables, and use of approved transport companies etc. |  |  |  |  |
| Lone working to be avoided and first aid supplies to be carried if required |  |  |  |  |
| No significant events (e.g. civil unrest, strikes, riots, political demonstrations, upcoming elections, etc.) due to take place during the period of travel |  |  |  |  |
| Be aware of crowded areas, opportunistic theft and cultural sensitivity, and if confronted by aggressor, hand over items requested and report incident to local Police |  |  |  |  |
| **Travel Documents / Insurance / Legal Entry** | | | |  |
| Passport checked as valid (e.g. valid for at least 6 months beyond the completion of the trip if required) |  |  |  |  |
| Visa requirements checked and visa to be obtained if necessary |  |  |  |  |
| Work permit requirements checked and work permit to be obtained if necessary |  |  |  |  |
| Contact details for British Embassy / High Commission / Consulate for country(ies) to be visited available if needed to arrange replacement passport or other assistance as required. |  |  |  |  |
| Keep copies of travel documentation separate from originals |  |  |  |  |
| **Travel Cover** | | | |  |
| University Travel Cover to be arranged and contact details for the Travel Cover Provider to be carried for duration of trip |  |  |  |  |
| Additional private Travel Cover to be arranged if required e.g. if extended trip to include period of annual leave |  |  |  |  |
| University Travel Cover Policy provides an acceptable level of cover for the activities to be undertaken |  |  |  |  |
| **Accident / Injury / Illness / Poor Health** | | | |  |
| No known or pre-existing medical conditions which have the potential to affect or impact the traveller’s ability and fitness to travel |  |  |  |  |
| Traveller is not travelling against medical or GP advice  ***Note****: Doing so will invalidate the University’s Travel Cover Policy* |  |  |  |  |
| Guidance on required vaccinations/medications sought and where required obtained prior to travel (e.g. anti-malarial medication) |  |  |  |  |
| Traveller to have valid European Health Insurance Card if applicable i.e. if travelling to Europe |  |  |  |  |
| Country is not regarded as high risk for diseases, epidemics, etc. |  |  |  |  |
| Consideration for hygiene standards such as sanity of drinking water and food vendors (e.g. only drink bottled water) |  |  |  |  |
| Entry requirements for medication considered and addressed |  |  |  |  |
| Adequate supply of essential prescription and other medication to be carried, accompanied with GP letter justifying quantity and type of medication |  |  |  |  |
| **Emergency Communication** | | | |  |
| Next of kin information and contact details up-to-date and accurate on Pobl Aber People (for staff) or Student Record (for students) |  |  |  |  |
| Full travel itinerary to be made available to the Institute / Department prior to departure |  |  |  |  |
| Emergency contact numbers and addresses pre-populated in the mobile phone to be used during the trip |  |  |  |  |
| Arrangements known on how to contact the Institute / Department in the event of an emergency or if assistance is required while overseas |  |  |  |  |
| Where appropriate, communication plan in place and to be adhered to, whereby the University will be contacted in accordance with a mutually agreed timetable |  |  |  |  |
| Confirmed mobile phone reception will be available in the country(ies)/region(s) to be visited |  |  |  |  |
| **Laws and Culture** | | | |  |
| Health, Safety and Environment standards checked as comparable to UK, and any additional/varying requirements understood and addressed |  |  |  |  |
| Legal variances and cultural norms are understood and can be accommodated |  |  |  |  |
| Care to be taken when taking photographs, videos or using binoculars, to avoid such actions being misunderstood |  |  |  |  |
| **Lack of Money** | | | |  |
| Obtain sufficient local currency for duration of stay and allow for contingencies |  |  |  |  |
| Check that credit card can be accepted in the country/region and that cash can be obtained via ATM’s |  |  |  |  |
| **Weather** | | | |  |
| Conditions unlikely to lead to medical or other emergency e.g. extreme cold or heat |  |  |  |  |
| Appropriate luggage to be taken e.g. clothing, footwear, sunscreen etc. |  |  |  |  |
| **Accommodation** | | | |  |
| Use of reputable hotel accommodation |  |  |  |  |
| Familiarisation with evacuation procedures in accommodation, including nearest exit routes and ways of raising the alarm |  |  |  |  |
| Doors to be locked at night and when away during the day, and remain vigilant when arriving, leaving and answering doors |  |  |  |  |
| Use secure storage facilities for valuables |  |  |  |  |
| Obtain suitable electrical adapter for local voltage/plug type and use equipment as intended |  |  |  |  |
| **Transport** | | | |  |
| Availability and standards of transportation are acceptable (i.e. equivalent to UK standards) and understood to the traveller, and any perceived unsafe transport methods will not be used |  |  |  |  |
| Appropriate documentation (e.g. driving licence) available if hiring a car |  |  |  |  |
| If required, car insurance arranged which provides appropriate insurance cover |  |  |  |  |
| **Other Risks and Hazards as Applicable** | | | |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Declarations and Signatures**

***In signing this declaration, the traveller confirms that the information provided is correct to the best of their knowledge, and that any subsequent alterations required during the period leading to travel will be made as necessary.***

|  |  |
| --- | --- |
| Name of Traveller (PRINT) |  |
| Signature |  |
| Date |  |

***In signing this declaration, the authoriser confirms that they have reviewed the information provided, and that the identified hazards have been addressed and reduced as far as reasonably practicable to allow the travel to take place.***

|  |  |
| --- | --- |
| Name of Authoriser (PRINT) |  |
| Signature |  |
| Date |  |

**SECTION B**

*To be completed when travel and accommodation has been confirmed following authorisation.*

**Travel Details**

This section must be completed for **all** journeys following the booking of transport.

*Travel 1*

|  |  |
| --- | --- |
| Date of Travel |  |
| Flight Number |  |
| Airline |  |
| Departure Airport |  |
| Destination Airport |  |

*Travel 2*

|  |  |
| --- | --- |
| Date of Travel |  |
| Flight Number |  |
| Airline |  |
| Departure Airport |  |
| Destination Airport |  |

*Travel 3*

|  |  |
| --- | --- |
| Date of Travel |  |
| Flight Number |  |
| Airline |  |
| Departure Airport |  |
| Destination Airport |  |

*Travel 4*

|  |  |
| --- | --- |
| Date of Travel |  |
| Flight Number |  |
| Airline |  |
| Departure Airport |  |
| Destination Airport |  |

*\*Please add additional entries if undertaking further travel during the trip.*

**Accommodation Details**

Complete one entry for **each** accommodation during your travel.

*Accommodation 1*

|  |  |  |
| --- | --- | --- |
| Hotel Name |  | |
| Address |  | |
| Phone Number |  | |
| Duration of Stay | *From:* |  |
| *To:* |  |

*Accommodation 2*

|  |  |  |
| --- | --- | --- |
| Hotel Name |  | |
| Address |  | |
| Phone Number |  | |
| Duration of Stay | *From:* |  |
| *To:* |  |

*Accommodation 3*

|  |  |  |
| --- | --- | --- |
| Hotel Name |  | |
| Address |  | |
| Phone Number |  | |
| Duration of Stay | *From:* |  |
| *To:* |  |

*Accommodation 4*

|  |  |  |
| --- | --- | --- |
| Hotel Name |  | |
| Address |  | |
| Phone Number |  | |
| Duration of Stay | *From:* |  |
| *To:* |  |

*\*Please add additional entries if staying in further accommodation during the trip.*