**ACADEMIC ACTIVITY MEDIUM & HIGH RISK ASSESSMENT FORM**

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| **Section 1:** | | | |
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| Name: | | Email: | |
| Status (staff/ student): | | Telephone: | |
| Nationality: | | Supervisor: | |
| **Summary itinerary** | | | |
| **Dates** | **Town or City & Country** | | **Contact details (including address and mobile)** |
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| **Description of activity,** including the topic area of your research and what this will involve | | | |
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| **Emergency contact details** | | | |
| Name: | | Relationship to you: | |
| Telephone: | | Address: | |
| **Details of an in-country contact who will know your whereabouts** (colleague/host organisation/friend). | | | |
| Name & position: | | Telephone: | |

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| **Overall statement of risk** | |
| * Carefully consider your travel plans, the nature of the activity with which you will be engaged and its location. Consider any associated risks to your, or anyone else’s, personal safety and health. Consider the likelihood of any risks occurring and the severity of outcome if they were to occur. **If you are a student or postdoc, discuss these risks with your supervisor or line manager** * Check the Foreign and Commonwealth Office website <http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/> to see if the country/ies to which you are travelling have any advice/warnings posted.   *Tick 1 box*  Medium Risk. I consider there to be some risks associated with my field work or overseas travel and/or the country/ies that I am visiting. I therefore enclose a completed Risk Assessment form (Section Two). I have checked the FCO advice and there are no warnings against travel. **Please sign, ask your supervisor or line manager, to countersign, then submit as an attachment to your online travel insurance application.**  High Risk. I have checked the FCO advice and there are warnings against travel to the country/ies or areas I am visiting ***or*** this is a high risk activity I therefore enclose a completed Risk Assessment form (Section Two) and where the FCO advises against travel, supporting information with regard to these warnings (Section Three). **Please sign, ask your supervisor or line manager to countersign, then submit as an attachment to you online travel insurance application**  Please remember to report any accidents, incidents or near misses that occur while you are away to the Departmental Safety Officer (Keith Gillow) | |
| **Signature of traveller:**  **Date:** | **Signature of supervisor or line manager**  **Date:** |

Before leaving you **must** ensure you have the following:

* insurance details
* emergency contact details
* noted the relevant FCO advice

University insurance will NOT be valid unless this form has been approved for the country/ies with risks involved.

Please ensure that you complete this form as early as possible before you travel, and be aware that this may be referred to the University Safety Office for review.

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| **Section 2: Risk Assessment to be completed for Medium and High Risk travel only** |

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| * Consider the risks to which you may be subject to during your work and give details of any measures you will be taking to minimise these * For each possible area of risk, examples are provided as guidance. Consider all significant potential causes of harm. It is important that you provide sufficient detail, in relation to the risk, as the risk assessment will be reviewed by other university colleagues. If necessary, expand the boxes. * Please note this is a live document and will require updating if there are any changes before your trip which might have an impact on your health, safety, or welfare | |
| **ISSUE** | **RISKS AND CONTROL MEASURES** – please state, yes, no, or n/a against each question **and** provide additional information as relevant |
| **Documentation** | |
| **Have you:**   1. Checked that you have a valid passport and appropriate visa (where required)? 2. Got spare copies of your documentation and left copies of your passport, visas and an itinerary with both your department and your emergency contacts? 3. Checked any other documentation you may need (e.g. local registration or permissions/ yellow fever certificate)? |  |
| **Transport** | |
| 1. How will you travel to your destination? 2. If you are flying how will you travel to and from the airport? Please avoid night time flight arrivals where possible, and check the safety record of the airline you will fly with. 3. How will you travel within the country? 4. Will you be travelling alone at night? Can this be avoided? If not what precautions will you take? 5. Will you be travelling in remote areas? If so    1. are the vehicles suitable and providers reputable?    2. what spares/supplies might you need and    3. what are your arrangements in the event of breakdown or emeregncy en route? 6. Are there any local travel problems you may encounter? If “Yes” please specify. |  |

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| **Personal Safety and Security** | |
| 1. Is your accommodation secure and in a safe area? Please specify. 2. What personal safety measures will you take? For example using licensed taxis, not wearing expensive looking clothes or jewellery, using a cheap mobile handset. 3. How will you familiarise yourself with the local laws, traditions, culture, political situation, local tensions/sensitive issues, areas to avoid, business hours? 4. Can you speak the local language? If not, how will you overcome language barriers? 5. Are there any other security concerns you are aware of or have been highlighted in the FCO advice? If “Yes” please specify. For example, if there is a high threat of terrorism please outline mitigating measures (for example avoiding tourist areas/ public transport/ large gatherings) 6. Have you considered data security? |  |
| **Activity Risks** | |
| 1. Do you have previous experience of this type of travel and work? If “Yes” please specify. 2. Will you be lone working? If so please detail what precautions you will take. |  |
| **Health and Medication** | |
| 1. Are there any health alerts for the area? If so please obtain individual medical advice in good time, either from the University Travel Clinic or your local travel clinic. Please confirm:    1. what vaccinations you have had;    2. whether malaria prohylaxis is recommended (and will be taken); and    3. any other health precautions you will take (for example, mosquito bite avoidance measures for malaria and dengue fever) 2. If you have a medical condition or any other physical or mental health issues, have you checked you are fit to travel? 3. If you need any medication have you checked this will be available? 4. Do you have any disabilities or other issues for which you need additional support? 5. Will you have access to safe food and water supplies? |  |
| **Communication** | |
| 1. Will you be able to communicate via mobile phone? Will you have a signal, credit and be able to charge your battery? 2. How and when will you report regularly to your line manager or supervisor (where appropriate) check-in with local colleagues (e.g. daily). 3. What happens if they do not hear from you?   **Please be aware that the university will take reasonable steps to establish your safety and welfare if contact is lost. This may include contacting your next of kin.** |  |
| **Environmental** | |
| 1. Are there any environmental factors you need to be aware of or prepare for? For example extremes of temperature or seasonal flooding. If “Yes” please specify . |  |
| **Contingency plans** | |
| 1. Do you have a network of local contacts who can help you in an emergency? Please specify. 2. How will you get help if you are a victim of robbery? 3. Have you checked what your insurance covers you for and do you have the emergency helpline number? 4. Have you made a note of your local Embassy? 5. Can you access first aid or medical treatment? Do you know where the nearest health centre and hospital will be and what the number is to call emergency services? 6. Where there is a significant risk, do you have escape/evacuation plans in case of local violence or an environmental disaster? Please specify 7. Are there any other emergencies you can anticipate occurring? If “Yes” please specify.   **In the event of a major incident such as a terrorist attack or natural disaster please follow local advice and contact your departmental contact as soon a practical to let them know you are OK** |  |
| **Other risks** |  |
| 1. **Are there any other risks associated with**  * where you are going; * what you will be doing; and * how you will get there?   **If “Yes” please specify. Consider FCO advice (and any advice issued by your own country if you are not a UK citizen)** |  |

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| **Signature of traveller:**  **Date:** | **Signature of Supervisor or Line Manager:** I can confirm that I have discussed\* in detail with the student/ traveller the health and safety risks associated with this trip. This risk assessment reflects this discussion and I am content with the arrangements in place. We have agreed a plan for regular contact while the student/traveller is away.  **Date:**  [\*These discussions should be conducted face to face where possible] |

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| **Section 3: Foreign and Commonwealth Office Advice to be completed ONLY where the FCO advises against travel** |
| **Provide details of the advice posted by the FCO website** |
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| **How does the FCO advice relate to your planned activities? What is the justification for travelling? Do you have any local knowledge of the current situation(s)? On what basis do you consider that the FCO advice can be tempered? What controls/actions are you putting in place to minimise the risks highlighted by the FCO?** |
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| **CRISIS MANAGEMENT e.g. what actions will you take following a serious incident or significant change in the situation, what is your emergency plan in the event of needing to leave the country?** |
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| **Date of referral to Safety Office:** |

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| **Signature of traveller**  **Date:** | **Signature and comments of Supervisor or Line Manager.** To include comments on the academic justification. Will the research add to the body of knowledge in the research area?  **Date:** |
| **Append comments from the Safety Office:**  **Date:** | **Signature of Head of Department :**  **Date:** |