**University of Huddersfield**

**Overseas Travel Risk Assessment**

This form is provided to assist you in planning for your proposed travel overseas. This assessment relates only to overseas travel and any risks associated with any fieldwork, laboratory or industry-based activity should be subject to a separate risk assessment.

In completing the assessment the employee should provide a copy of their passport details showing main page and any relevant visa entries, vaccination record and EHIC (where relevant) and itinerary.

|  |  |
| --- | --- |
| **Employee’s Name:** |  |
| **Country/Countries Visited:** |  |
| **Dates:** | **Leaving the UK****Returning to the UK**  |
| **Assessment Completed by:** | **................................................................. (manager)****................................................................. (employee)** |

|  |
| --- |
| **Part 1: Overall Security in the Country** |
| Check the FCO guidance for the countries to be visited, tick appropriate classification and follow guidance |
| 🞏 The FCO advise against all travel | Travel is NOT approved and the visit must be cancelled or postponed until level of threat is reduced |
| 🞏 The FCO advise against all but essential travel | 1. Manager to document why travel is essential
2. Check with Procurement Services Manager that insurance cover is valid
3. Employee advised to check FCO travel alerts and knows to check local media when in country, if travel approved
 |
| Travel is classed as essential for the following reasons: |
| The following actions will be taken to reduce/mitigate against the security risks posed by the visit: |
| Insurance cover approved on ...................................... (insert date and attach email confirmation)*NB: If insurance cover is declined the travel will NOT be approved* |
| 🞏 The FCO identify no risks affecting travel plans | Employee advised to check FCO travel alerts and knows to check local media when in country |

|  |
| --- |
| **Part 2: Health** |
| The following vaccinations are required (record details or write NONE):Vaccinations completed and record checked 🞏 |
| The following medications are required (record details or write NONE):Medication has been provided and requirements understood 🞏 |
| For EEA and Switzerland: The employee has a valid EHIC 🞏 |
| 🞏 The employee has a health condition that may be adversely affected by travel | 1. Record any relevant advice provided to reduce or mitigate against risk to the individual’s health, including any impact on mediation. NB: where a GP or medical specialist advises the individual not to travel then travel will NOT be approved
2. Check with Procurement Services Manager the impact of this on the insurance cover
 |
| Advice and Actions Taken |
| Impact on insurance cover and any revisions to actions (i.e. any changes to procedures to be followed in a medical emergency) |

|  |
| --- |
| **Part 3: Communication** |
| 🞏 The employee has a suitable mobile phone and charger 🞏 The contact numbers for all accommodation is included on the itinerary 🞏 The contact numbers for all local contacts are included on the itinerary🞏 The employee has contact details stored on their phone and lap-top device🞏 The employee has a paper record of key contacts and insurance🞏 A full itinerary has been provided |
| 🞏 The employee is travelling to remote area | 1. Review how regular contact can be maintained through agreed check-in times
2. What back-up arrangements are used if there are telephone/network problems
 |
| Record details: |
| 🞏 The employee is travelling alone | 1. Review how regular contact can be maintained through agreed check-in times
2. What back-up arrangements are used if there are telephone/network problems
 |
| Record details: |
| The University Key Contact is | NameTelEmail |
| The employee’s UK key personal contact is | NameTelEmail |

|  |
| --- |
| **Part 4: Insurance** |
| 🞏 Insurance has been approved (*attach approval notification*)🞏 The employee has an Emergency Assistance Card |

|  |
| --- |
| **Part 5: Declaration** |
| I agree that the information contained in this assessment is correct and I have read and understand the Guidance to Staff Travelling and Working Overseas Employee Signature: Date:I have reviewed this risk assessment for overseas travel and I am happy that suitable arrangements are in place to minimise foreseeable risks.Manager Signature: Date:  Dean/Director Signature (essential travel only): Date: |
|  |

**Overseas Travel Itinerary**

|  |  |
| --- | --- |
| **Employee’s Name:** |  |
| **Destination:** |  |
| **Dates:** | **Leaving the UK:****Returning to the UK Or First Day of Leave:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Flight Details | Accommodation | Visiting |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |