**University of Huddersfield**

**Overseas Travel Risk Assessment Form**

**General Travel**

This assessment form relates to all overseas travel and will be used to confirm that the University’s insurance policy will provide adequate cover for Employees whilst travelling on University business. Overseas travel is classed as travel outside the United Kingdom.

The Overseas Travel Risk Assessment form should be completed by all travellers and submitted to insurance@hud.ac.uk 2-4 weeks prior to departure. Following review, travellers will receive an email confirming that University Insurance is in place for the dates requested.

Please seek advice from the Insurance Team prior to booking travel in the following circumstances:

* The [FCDO](https://www.gov.uk/foreign-travel-advice) ‘Advise against all travel’ or ‘Advise against all but essential travel’ for the destination or any transit locations.
* The traveller has pre-existing medical conditions.
* The activity to be undertaken whilst overseas is considered higher risk or not reasonably in line with standard University business.

Any risks associated with fieldwork, laboratory or industry-based activity should be subject to a separate risk assessment.

In addition to completing the assessment form, the traveller should allow the relevant School/Service office to have sight of their:

- Passport, along with any relevant visa documentation

- European Health Insurance Card (EHIC) or Global Health Insurance Card (GHIC)

- Vaccination record (where relevant)

Additional Information:

**Overseas Car Hire:** When hiring vehicles overseas, separate insurance must be taken out with the vehicle hirer, as the University’s insurance policy will not provide cover. Travellers should familiarise themselves with the rules and regulations applicable to driving in their destination, prior to arrival.

**Periods of Annual Leave:** If the duration of travel incorporates a period of annual leave, travellers should ensure that personal insurance is in place as the University’s policy will not provide cover during this time.

**Family/Spouse Travel:** Please refer to the [Expenses and Benefits Policy and Procedure](https://staff.hud.ac.uk/media/policydocuments/Expenses-and-Benefits-Policy-and-Procedure.pdf) for full details. Please note that in all cases express written approval must be sought and obtained from the Vice-Chancellor in advance of any bookings being made or the travel undertaken. Insurance cover will only be considered when written approval has been granted.

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| **Part 1: General Details** |
| **Travellers Name** |  |
| **School or Service where employed** |  |
| **Academic Year** |  |
| **Assessment Completed by** |  |

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| **Part 2: Declaration** |
| **Traveller:** 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](https://staff.hud.ac.uk/media/universityofhuddersfield/content2013/services/finance/procurement/Overseas_Travel_Guidance_2022.docx) |
| Traveller Signature:  | Date:  |
| **Manager:** 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:  |
| Manager Name (Printed):  |
| **Where travel is deemed essential:** |
| Dean/Director Signature:  | Date: |
| Dean/Director Name (Printed):  |

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| **Part 3: Health**The following section requires the named traveller to self-declare any issues relating their health. Failure to declare any details may mean that the University insurance policy will not apply.  |
| The traveller has a valid EHIC: YES / NOThe traveller has a valid GHIC: YES / NO | EHIC Expiry Date: GHIC Expiry Date: |
| The traveller has received and is up to date with the following vaccinations:(Record details or write NONE)Required vaccinations are completed and record checked: YES / Not Applicable |
| The traveller is required to take the following regular medications and confirms that adequate supplies will be carried when travelling overseas:(Record details of medication or write NONE)Medication has been provided and requirements understood: YES / Not applicable |
| The traveller has a health condition that may be adversely affected by travelYES / NO |
| The Traveller has been advised not to travel by their GP or Medical ProfessionalYES / NO |
| Record any relevant advice provided to reduce or mitigate against risk to the individual’s health, including any impact on mediation.Advice and Actions Taken: |
| Check with Head of Procurement the impact of this on the insurance cover and document any revisions to actions below (i.e. any changes to procedures to be followed in a medical emergency) |

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| **Part 4: Key Contacts**It is important that the University can get in touch with a travellers nominated key contacts in case of emergency. Please ensure that the contact details provided are current and clearly presented, to prevent delays in contact.  |
| The key University contact is: | Name: Tel:Email: |
| The traveller’s key UK personal contact is: | Name:Tel:Email:  |

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| **Part 5: Communication** |
| The traveller has a suitable mobile phone and charger | YES / NO |
| The contact numbers for all accommodation is included on the itinerary | YES / NO |
| The contact numbers for all local contacts are included on the itinerary | YES / NO |
| The traveller has contact details stored on their phone and laptop/tablet | YES / NO |
| The traveller has a paper record of key contacts and a card containing insurance phone number in case of emergency | YES / NO |
| The traveller has an Emergency Assistance Card | YES / NO |
| A full itinerary has been provided | YES / NO |

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| **Part 6: Overall Security in the Country**Check the [FCDO guidance](https://www.gov.uk/foreign-travel-advice) for the countries to be visited, and complete the relevant section below |
| The FDCO advise **against all travel (Red)**: YES / NOIf Yes, Travel is NOT approved. Visit must be cancelled or postponed until level of threat is reduced |

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| The FCDO advise **against all but essential travel (Amber)**: YES / NOIf Yes: 1. Manager to document why travel is essential
2. Traveller is advised to check FCDO travel alerts and knows to check local media when in country, if travel approved
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| Manager - 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: |

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| The FCDO identify **no risks** affecting travel plans **(Green)**: YES / NOIf Yes, Traveller is advised to check FCDO travel alerts and knows to check local media when in country |

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| **Part 7: Personal Security** |
| Is the traveller travelling alone? YES / NOIs the traveller travelling to a remote area? YES / NO |
| How will regular contact can be maintained through agreed check-in times? What back-up arrangements can be used if there are telephone or network problems? |
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| **Part 8: Sustainability**As per the [University’s Travel Policy](https://www.hud.ac.uk/media/policydocuments/Travel-Policy.pdf) consideration should be given to sustainable travel and minimising the environmental impact of your trip. Please detail these considerations below. Appendix 1 of the [University Travel Policy](https://www.hud.ac.uk/media/policydocuments/Travel-Policy.pdf) should be used as guidance for this. |
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**Overseas Trip Itinerary**

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| **Traveller Name:** |  |
| **Destination:**Town/City & Country |  |
| **Dates:** | **Leaving the UK:****Returning to the UK:** |

**Are the following details provisional and subject to final booking? YES / NO**

If yes, a copy of the final itinerary must be sent to insurance@hud.ac.uk prior to travel. Any significant changes to the travel itinerary must also be notified prior to travel.

**Flight Details**

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| **Date** | **Flight Number**  | **Departure Airport** | **Arrival Airport** |
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**Accommodation**

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| **Accommodation Name** | **Arrival Date** | **Departure Date** |
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**Purpose of Visit (including details of specific locations to be visited, if known)**

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| **Purpose of visit** *e.g. Conference name & location, Company/Institution to be visited, Summary of research activity* |
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**Any periods of Annual Leave to be taken during the travel dates**

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| **From** | **To** |
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**Signed ………………………………………………………………………………………………………**

**Date …………………………………………………………………………………………………………..**