|  |  |  |
| --- | --- | --- |
| **Name of Risk Assessor** | | |
| **Name of person(s) who will be travelling** | | |
| 1. | Staff | Student |
| 2. | Staff | Student |
| 3. | Staff | Student |
| 4. | Staff | Student |
| 5. | Staff | Student |
| 6. | Staff | Student |
| **Name of line managers / supervisors** | | |
| **Purpose of visit**  Conference  Study on site  Extended study on site  Fieldwork on site and off site work | | |
| **Name of the country or countries that will be visited in order** | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| **Name of the cities that will be visited** | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| **Flight Details (if applicable)**  Please use either city names or IATA airport codes e.g. London Heathrow LHR  **Outwards**  To  From  Date  **Inwards**  To  From  Date | | |
| If internal flights are being used please add details | | |
| **Train Details (if applicable)**  **Outwards**  To  From  Date  **Inwards**  To  From  Date | | |
| **Hotel / accommodation Details**  Name  Address  E-mail  Telephone number including international prefix code | | |
| **Embassy / Consulate details**  Where is the embassy located Name, address and telephone number  Where is the consulate located Name, address and telephone number | | |
| **UK emergency contact information**  Name, address and telephone number of UK contact | | |
| **Security Advice**  ***Has the*** [***Foreign and Commonwealth Office***](https://www.gov.uk/foreign-travel-advice) ***(FCO) travel advice webpage been checked***  Yes  No  What is the FCO status of the country or parts of the country  Advise against all travel (Name Area)  Advise against all but essential travel (Name Area)  FCO advice available before travelling (Name Area) | | |
| **Medical information and fitness to travel**  Note: Having a pre-existing condition *does not* bar a person from travelling.  Does the person travelling suffer from a pre-existing medical condition?  Yes  No  Does the person travelling require medical clearance to travel?  Yes  No  Has the persons travelling obtained medical clearance?  Yes  No  What period is the clearance valid over?  Start  End  Is the person travelling pregnant?  Yes  No  ***Has the*** [***NHS Choices travel vaccinations***](http://www.nhs.uk/Conditions/Travel-immunisation/Pages/Immunisations.aspx) ***website been checked for vaccinations that may be required***  Yes  No  Are new or booster vaccinations required by the persons travelling?  Yes  No  Has the [NHS Choices Cover your healthcare abroad](https://www.nhs.uk/nhsengland/Healthcareabroad/pages/Healthcareabroad.aspx) website been checked?  Yes  No | | |
| **Insurance Information**  Has insurance been arranged?  The university can provide travel insurance for people travelling on business. Information is available at this link - [Insurance](https://portal.sgul.ac.uk/org/cs/finance/insurance) and also at SGUL [Travel Insurance Summary](https://portal.sgul.ac.uk/org/cs/finance/insurance/st-georges-university-of-london-travel-summary.pdf/at_download/file)  Name of insurer | | |
| Has the travel been logged onto Yourself?  Yes  No | | |
| **Overseas Work Location Hazard Information**  The list of hazards below is not exhaustive. The following should be considered  *Human activity*  Civil unrest, protests / demonstrations / muggings / robbery / kidnap  Animal Activity  Bites / Scratches / spitting /  ***Where is the main site the worker will be based at located – Name and address***  Will any work take place off-site?  Yes  No  Where is the secondary site located – Name and address or co-ordinates  Will the worker be accompanined?  Yes  No  Does the external location have known hazards associated with it?  Yes  No  Please list the hazards  Does the work involve entry into an individuals house  Yes  No  Does the work involve meeting people in an outside environment?  Yes  No  Does the work involve meeting people after dark?  Yes  No  Does the work involve collecting samples in an outside environment?  Yes  No  Does the work involve collecting samples after dark?  Yes  No  Will other individuals be present?  Yes  No  Will animals be present?  Yes  No  Will the workers each be contactable by mobile phone at all times?  Yes  No  ***Travel Hazard Information***  Will the worker be using public transport to the destination?  Yes  No  Will the worker be a hire car to the destination?  Yes  No  Will the worker need to go outside of a city / town  Yes  No  Will travel occur after dark?  Yes  No  Will the workers be transporting equipment?  Yes  No  Will the workers be transporting computers / laptops? Yes No | | |
| ***Safety measures currently in place***  Control Measures: *(for example, communication, training, pre-work visits supervision). Include special measures for vulnerable groups, such as disabled people and pregnant workers.* | | |
| **Part 3 Indicate the level of the risk the task poses using current safety**  **Measures**  Explain the reason for your decision (Risk could be Low / Medium / High) | | |
| **Part 4 Determine ways to further control the risks** | | |
| ***Emergency Procedures*** | | |
| ***First Aid Procedures*** | | |
| ***Risk Control***    Are the risks associated with the project adequately controlled Yes No  Please state you reason | | |
| **Part 5**  **Implementation and Communication of the Risk Assessment**  Date of completion of Assessment  Name of Assessor  Who is responsible for communicatuing this assessment to other staff  Names and Signatures of those covered by this assessment | | |
| **Part 6 Review of Risk Assessment**  Completion date of assessment  Review date of assessment | | |

**Further information**

Travel Health Pro [resources](https://travelhealthpro.org.uk/fact-list.php?list=2) – Preparing for healthy travel

Travel Health Pro Country Specific [Guides](https://travelhealthpro.org.uk/factsheet/14/country-pages-guide)