******

## Low Risk (Basic) Travel Assessment Form - Student

**Department: Oncology**

|  |
| --- |
| **Description of Travel and/or Work Away** |
| **Location of activity** | **Dates\* of travel/work away****Dates\* of travel/work away:**Leave Cambridge/UK:Return to UK/Cambridge:[\*or range of dates for repeat visits] |
| **Assessment of Risk –** The hazards and consequent risks of this activity are similar to what I encounter doing low risk work at Cambridge (e.g. office work, attending lectures). **This is therefore a low risk activity.** The statements below list the precautions I will take to avoid higher risks.    |

I will take reasonable precautions to avoid putting myself at risk, and:

* I will follow the [UK Foreign and Commonwealth Office (FCO) Travel Advice](https://www.gov.uk/foreign-travel-advice). I understand that this risk assessment is suitable only for travel within the UK and to countries with the same levels of safety as the UK.
* I will use a regular mode of travel provided by a reputable company (through the University’s travel agent if possible), allowing adequate travel time to avoid unnecessary risks.
* If I am going to be using my car for business use, I will ensure that I have business insurance, that my vehicle meets all DVLA requirements and is roadworthy. I will ensure that I am medically fit to drive and travel and will inform the Departmental Safety Officer if that changes.
* I will not travel if adverse weather, natural disaster or civil disturbance is indicated.
* I have read the University of Cambridge Travel Insurance Policy and am aware of all exclusions (including higher risk leisure activities).
* I will use accommodation providers as per University and departmental policy.
* My itinerary and contact number have been posted with a departmental contact (e.g. Supervisor or Administrator).
* I will follow the safety advice and guidance of the host organisation and will report any safety concerns to the host organisation and/or to my department’s management.
* I will avoid lone working and travelling alone as far as possible.
* I understand that further risk assessment is required for higher risk activities e.g. visits to developing countries, work in communities, laboratory work etc, and will consult the nominated person to obtain approval as per the department procedure for Work and Travel Away.

**Student:** I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessment where necessary.

|  |  |
| --- | --- |
| Full name: | CRSid: |
| Contact number:  | Signature:  |
| Email: | Date: |

**Principal Supervisor:** I am signing to confirm that I have ensured, that as far as is reasonably practical, all necessary safety arrangements, are in place for the duration of travel/period of working away.

|  |  |
| --- | --- |
| Full name: | Position: |
| Contact number:  | Signature:  |
| Email: | Date: |

**Now return this form to Departmental Safety Officer (DSO)**

A copy of this form should be kept by the person travelling, the departmental Graduate Training Programme Manager and the DSO.

A copy of this form should be kept by the person travelling and the DSO

**Received by the Oncology Safety Office:**

|  |  |  |
| --- | --- | --- |
| **Departmental Oncology Safety Office:****Email/CRSid:** | **Signature:** | **Date:** |
| **Full name:** | **Position:**  |  |
| **Comments:** |