

## High Risk (Elevated) Travel Assessment Form - Staff

**Department: Oncology**

**All high-risk travel will need to be first reviewed by the Departmental Safety Officer**

1. **Contact details whilst away from Cambridge**

**Employee:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** | **CRSid** | **Contact number while away** | **Email address while away**  |
|  |  |  |  |

**Emergency contact(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name**  | **Contact number** (+ local area code) | **Email address** | **Language spoken** |
|  |  |  |  |

**Emergency** contact(s) details are up to date on the ‘Employee Self Service’ system - **Yes/ No**

**Local Contact, e.g. onsite supervisor or host:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Contact number**(include local area code) | **Email address** | **Language spoken** |
|  |  |  |  |

1. **Dependents**

Are you travelling with dependents? **Yes/ No**

* If ‘**No**’, go to question 3
* If ‘**Yes**’, complete the table below

|  |  |  |
| --- | --- | --- |
| **Dependent name** | **Relationship to you** | **Age (if under 18)** |
|  |  |  |

1. **Travel Itinerary**

If you are planning to visit more than one country, you may need to complete separate risk assessments

|  |  |
| --- | --- |
| **Travel start date**  |  |
| **Travel end date**  |  |
| **Location of working away *(town/village, province and country)*** |  |
| **Address and contact for your accommodation** | *Address:**Contact:** *Name:*
* *Telephone Number:*
* *Email address:*
 |
| **Type of working away**  | *Please describe e.g. archival work, fieldwork* |
| **Description of proposed activities including sites you will work across (if there are multiple)** |  |
| **Lone working** | *Yes/No* |
| **Supervised** | *Yes/No* |

**Detailed breakdown of travel itinerary**

*(Please record each section of your proposed trip on a separate line, giving as much detail as possible. This should include any transit airports. Add rows as necessary)*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Depart from*** | ***Travel to*** | ***Date of travel*** | ***Activities at this location*** |
|
|  |  |  |  |
|  |  |  |  |

1. **FCO advice rating**

Please indicate below the FCO rating for the area that you will be **staying in, working in and travelling through** (select more than one if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| **No special rating given** [ ]  | **See our travel advice before travelling** [ ]  | **Advise against all but essential travel** [ ]  | **Advise against all travel** [ ]  |
| **Please record the date that you checked the Foreign & Commonwealth Office travel advice website** |  |

You can sign up to Foreign and Commonwealth Office travel alerts by following the link below; select your destination and subscribe to the email alerts for the country you propose to visit. <https://www.gov.uk/foreign-travel-advice>

*By signing here, I agree that I will subscribe to and monitor Foreign and Commonwealth Office travel alerts for my proposed destination*

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

If you have selected that the Foreign and Commonwealth Office advises **‘against all but essential travel’** or **‘against all travel’ to the country you are proposing to visit**, **you must complete the table below**. If not, please continue onto section 5.

|  |  |
| --- | --- |
| **FCO warnings and suggested control measures**  |  |
| **Justification for proposed work away**  |  |

1. **Personal Characteristics, Local Laws, and Customs**

Please sign to indicate that you have considered your wellbeing needs and discussed these with your Line Manager and record any information that you feel is relevant. Please also read all information relating to the [local laws and customs](https://www.safeguarding.admin.cam.ac.uk/local-laws-and-customs) of the area you are visiting and consider implications of your personal characteristics within the local culture.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |
| Relevant summary of the discussion: |

1. **Insurance**

|  |  |
| --- | --- |
| You are required to have travel insurance if leaving the UK (and not visiting your home country). Please agree that you will buy /arrange insurance if applicable and include details of policy e.g. University insurance  |  |

1. **Passport Information**

I confirm my up to date passport details are held by the department. [ ]

If you hold dual citizenship, state your other nationality ………………………………………….

State which passport will you be travelling on………………………………………………………

1. **Regular Contact Arrangements/Emergency Contact Points**

*Arrange a suitable frequency and method of contact with your supervisor or other designated person for the duration of the trip. The requirement is that you contact a minimum of once every two weeks for higher risk rating. Your Supervisor/department may require more regular contact. It is important that the contact person is able to acknowledge all contact communications.*

**Primary contact** (*e.g.**Principal Supervisor, HoD nominee*)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Contact Frequency***e.g. once every 2 weeks (minimum requirement)* | **Email address & phone number**  | **Means of Communication***e.g. email, telephone call, skype* |
|  |  |  |  |

**Second contact** (*e.g.**DSO, Business & Operations Manager*)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Contact Frequency***e.g. once every 2 weeks (minimum requirement)* | **Email address & phone number**  | **Means of Communication***e.g. email, telephone call, skype* |
|  |  |  |  |

1. **Hazards, Risks and Control Measures**

The table has been pre-filled with **examples** of hazards that may be present during your proposed working away. You **must** **amend**, **remove,** or **add** hazards as appropriate to your work away. Control measures should be specific to you and the work you are proposing.

Please click on the topics for more information and examples of risk control measures

|  |  |  |
| --- | --- | --- |
| **Hazard and Description**For each topic, list foreseeable issues that may cause you harm | **How is this likely to affect you?**Describe how hazards can cause harm to you and how your work activities or personal characteristics could affect the likelihood of you being exposed to harm | **Control Measures** Actions/precautions you will take to eliminate/reduce the impact of the hazard or likelihood of harm occurring  |
| [**Work related hazards**](https://www.safeguarding.admin.cam.ac.uk/individuals-travelling-health-and-safety-those-working-away/completing-risk-assessment/work-related) |
|  |  |  |
| [**Crime**](https://www.safeguarding.admin.cam.ac.uk/crime) |
|  |  |  |
| [**Political Violence/Conflict**](https://www.safeguarding.admin.cam.ac.uk/political-violenceconflict)  |
|  |  |  |
| [**Accident - Travel and Personal**](https://www.safeguarding.admin.cam.ac.uk/accident-travel-and-personal) |
|  |  |  |
| [**Authorities**](https://www.safeguarding.admin.cam.ac.uk/jurisdiction) |
|  |  |  |
| [**Environment**](https://www.safeguarding.admin.cam.ac.uk/individuals-travelling-health-and-safety-those-working-away/completing-risk-assessment/environment) |
|  |  |  |
| [**Health**](https://www.safeguarding.admin.cam.ac.uk/health-physical-and-mental) **(mental and physical)**  |
|  |  |  |

**Person working away (Traveller):** I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessments if and when circumstances change, or the risks are not covered by this assessment.

|  |  |
| --- | --- |
| Full name: | Signature: |
|  | Date: |

1. **Management of Specific Risks**

If you feel you have already answered these questions within the hazard table please indicate this rather than duplicating answers. Please delete the *guidance* in the right-hand column before adding your own answers.

**Preparedness**

|  |  |
| --- | --- |
| Have you travelled to this location(s) before? Detail previous experience/family links |  |
| Have you travelled to other similar locations before? Detail previous experience |  |
| Have you previously completed any health, safety, or security training? Please give details |  |

**Safety & Security Arrangements**

|  |  |
| --- | --- |
| If travelling to an existing project is there a health & safety plan, risk assessment and/or emergency plan in place?  | *If so, please describe what they cover and attach copies when submitting this form* |
| Are you being hosted by a partner organisation/local host? | *If so, which organisation, and in what ways are you making use of/relying on their safety and security arrangements* |
| Will you receive a briefing about the context and recommended safety & security procedure when you arrive? |  |
| Are there any festivals, public holidays, or elections happening during your trip? If so, what additional considerations/ provision are you making? |  |
| Are there any environmental issues/natural disasters that could arise during your trip? If so, what additional considerations/ provisions are you making? |  |

**Personal and Cultural Considerations**

|  |  |
| --- | --- |
| What information sources do you intend to use to keep up-to-date with safety, security or political developments in country? |  |
| Are there any cultural aspects or personal characteristics that you must consider in order to avoid causing risk to yourself? (e.g. dress, greetings, behaviour, sex, gender identification, religion, language skills?)  |  |
| Is it necessary to have a curfew (latest time of return to your accommodation)? |  |
| What specific measures will you put in place to reduce the chances of illness and/or injury? |  |
| Do you require any specialist equipment for this trip (first aid kit, mosquito net etc.)? |   |

**Communications**

|  |  |
| --- | --- |
| How widespread and reliable are internet and mobile phone communications in your location(s) of travel? | *Consider the coverage of different areas by mobile network providers, coverage blackspots and reliability of service. Also consider the possibility of government shut-down of key communications infrastructure.* |
| What contingency options do you have for communications if normal options are not available?  | *Consider access to alternative methods of communication (e.g. a second local sim card, access to a radio network, or carrying a satellite phone) or who else might be able to help with communications if needed* |

**Transport**

|  |  |
| --- | --- |
| What arrangements are in place for transport when you arrive at the destinations (e.g. airports)? |  |
| Which international and national airlines will you be travelling with?1 If not flying, give details of how you will arrive in the country. |  |
| What transport will you use for the rest of your trip? | *Please detail method of transport, type of vehicle, use of drivers, convoy arrangement* |
| Will you be accompanied for all/part of your trip? If so, by whom and when? |  |
| What limits will you place on the times of travel?  | *(e.g. no travel after dark, no travel before 6am)* |
| Have you checked whether it is safe for you to travel on foot? Is it safe to do this at night or by yourself?  |  |

**Accommodation**

|  |  |
| --- | --- |
| Where will you be staying during you trip? (if not included in itinerary above) | *Please list all locations and types of accommodation*  |
| Has this accommodation been recommended/approved by your host/someone else? |  |
| What other venues will you be visiting? What safety/security arrangements will you put in place? |  |

**11. Contingency plans**

If your plans to deal with specific hazards are not effective what are your contingency (back up) plans? Only add contingency plans for the most severe risks.

|  |  |
| --- | --- |
| **Risks** | **Contingency plans** |
| *Examples** *Loss of passport, travel documents*
* *Airport closed at time of return (due to natural disaster or civil unrest)*
 | * *Contact local embassy/consulate for your nationality*
* *Contact insurance to arrange safe return to UK*
 |
|  |  |
|  |  |

**Additional Contingency Information**

|  |  |
| --- | --- |
| List medical facilities that you could use in case of an emergency:  |  |
| What are your in-country emergency contact points? | *Consider local host/contact, police, relevant Embassy or High Commission, government authorities etc.* |
| If you need to leave your location of travel where will you relocate/evacuate to? | *Detail which alternative locations you will travel to, which routes you will use and what methods of transport* |
| Who is the first person at the University of Cambridge (UoC) you will contact? | *Name/number* |
| Who will be your back-up UoC contact?  | *Name/number* |

**Person working away (traveller):** I am signing to indicate that I have read and will abide by the statements above and will carry out additional risk assessment if and when circumstances, change or the risks are not covered by this assessment.

|  |  |
| --- | --- |
| Full name: | Signature: |
|  | Date: |

**Line Manager:** I am signing to confirm that I have ensured 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)**

**Department/Faculty Representative:** I am signing to indicate that this constitutes a suitable and sufficient assessment of the risks of the proposed travel/work away.

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

**Regius’ comments and recommendations:**

|  |  |
| --- | --- |
| Full name: | Signature: |
| Comments: | Date: |

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