**Appendix 4. Elevated Risk Assessment Form**

**1. Contact details**

**Student Contact Details**

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

**Emergency Contact**

*Please note that your emergency contact may be called or emailed if you do not respond to contact.*

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

**Local Contact e.g. onsite Supervisor**

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

**2. Travel Itinerary**

If you are planning to visit more than one country then you should complete separate risk assessments

|  |  |
| --- | --- |
| **Travel start date** |  |
| **Travel end date** |  |
| **Location of working away *(town and country)*** |  |
| **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 if necessary)*

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

**3. FCO advice rating**

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

|  |  |  |  |
| --- | --- | --- | --- |
| No special rating given | See our travel advice before travelling | Advise against all but essential travel | Advise against all travel |
|  |  |  |  |
| **Please select the date that you checked the Foreign & Commonwealth Office travel advice website** | | Click here to enter a date. | |

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*

|  |  |
| --- | --- |
| **Sign** | **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 4.**

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

**4. Personal Vulnerabilities, Local Laws, and Customs**

Please sign to indicate that you have considered your wellbeing needs and discussed these with your College Tutor and record any information that you feel is relevant. Please also read all information relating to the local laws and customs of the area you are visiting and consider implications of your personal factors within the local culture.

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

**5. Insurance**

|  |  |
| --- | --- |
| In order to ensure that your work away is fully authorised you **MUST** purchase travel insurance if leaving the UK (and not visiting your home country). Please agree that you will buy insurance if applicable and include details of policy e.g. University insurance |  |

**6. Passport Details**

|  |  |  |
| --- | --- | --- |
| **Passport Number** | **Expiry Date** | **Country of Issue** |
|  |  |  |
| **Nationality** |  | |
| **Please list any other current valid passports you hold** |  | |

**7. Check-in Details/Emergency Contact Points**

*Arrange a suitable frequency and method of check-in with your supervisor or other designated person for the duration of the trip. The requirement is that you check-in a minimum of once a month for elevated risk rating. Your Supervisor/Department may require more regular contact. It is important that the Check-in Person is able to acknowledge all check-in communications.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Check-in Person (primary and alternate)** | **Check-in Frequency** | **Contact details** | **Means of Communication** |
|  |  |  |  |
|  |  |  |  |

**8. Hazard Table**

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. Control measures should be specific to you and the work you are proposing.

|  |  |  |
| --- | --- | --- |
| **Hazard**  specific factors in the environment which may cause you harm | **Hazard Description and Personal Vulnerabilities**  If known: include frequency of such incidents, when the threat may occur, for example, when travelling, visiting a remote region, during religious festival, in a crowded space etc. | **Control Measures**  **(actions to reduce risk level)**  Include action that may be taken to eliminate risk entirely |
| ***Example*** |  |  |
| **Work related hazards** | | |
|  |  |  |
| **Crime** | | |
|  |  |  |
| **Political Violence/Conflict** | | |
|  |  |  |
| **Accident - Travel and Personal** | | |
|  |  |  |
| **Authorities** | | |
|  |  |  |
| **Environment** | | |
|  |  |  |
| **Health** |  |  |
|  |  |  |

*The above are only examples to assist you, you must continue to add hazards to the table as necessary*

**Person working away: 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.**

|  |  |  |
| --- | --- | --- |
| Name: | Date: | Signature: |

**Department/Faculty: I am signing to indicate** **that this constitutes a suitable and sufficient assessment of the level of risk identified.**

|  |  |
| --- | --- |
| Name:  Role: | Signature:  Date: |

**9. Management of Identified Risks if you feel you have already answered these questions within the hazard table please indicate this rather than duplicating 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 issues or aspects you need to consider to avoid offending local people? (Dress, greetings, behaviour, 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 airport(s)? |  |
| Which international and national airlines will you be travelling with?[[1]](#footnote-1) |  |
| 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? |  |

**Accommodation**

|  |  |
| --- | --- |
| Where will you be staying during you trip? | *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? |  |

**10. Contingency plans**

If your plans to deal with specific hazards are not effective what are your contingency plans? Only add contingency plans for the most severe and likely hazards identified

|  |  |  |
| --- | --- | --- |
| Hazard | | Contingency plans |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| 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 you will contact? | *Name/number* | |
| Who will be your back-up University contact? | *Name/number* | |

**Person working away: 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.**

|  |  |  |
| --- | --- | --- |
| Name: | Date: | Signature: |

**Department/Faculty: I am signing to indicate** **that this constitutes a suitable and sufficient assessment of the level of risk identified.**

|  |  |
| --- | --- |
| Name:  Role: | Signature:  Date: |

**Head of Department/Faculty comments and recommendations:**

|  |  |
| --- | --- |
| Comments: | Date: |

1. http://ec.europa.eu/transport/modes/air/safety/air-ban/doc/list\_en.pdf [↑](#footnote-ref-1)