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| **TRAVEL EVALUATION FORM** | | | | | | | | | | | | | | | |
| **To be completed in all cases before travel - even if University Insurance is not being used** | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | Date of Birth: | | |  | | | | |
| Supervisor/Manager: | |  | | | | | | Staff or Student: | | |  | | | | |
| Nationality: | |  | | | | | | Passport No: | | |  | | | | |
| Describe the proposed overseas activity: | | | | | | | | | | | | | | | |
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| **Summary Itinerary:** | | | | | | | | | | | | | | | |
| Dates: | Country: | | | | | Town/City/Area: | | | | Hotel details/flight details | | | | | |
|  |  | | | | |  | | | |  | | | | | |
|  | |  |  | |  |  | | | | |  |  |  | |  |
| **Contact Information:** | | | | | | | | | | | | | | | |
| Will you be contactable via your university email?: | | | | | | | | | Yes / No | | | | | | |
| Alternative: | | | | | | | | |  | | | | | | |
| What is your usual mobile number?: | | | | | | | | |  | | | | | | |
| Will you be contactable via your usual mobile number, if not please provide an alternative: | | | | | | | | |  | | | | | | |
|  | |  |  |  | | | | |  | |  |  | |  |  |
| **Emergency Contact Information:** | | | | | | | | | | | | | | | |
| Overseas contact details: | | | | | | | Home (Next of Kin): | | | | | | | | |
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| Will you be taking University travel insurance?: | | | | | | | Yes / No | | | | | | | | |
| If 'No' please provide the name of your insurer: | | | | | | |  | | | | | | | | |

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| Overall Statement of Risk | |
| 1. Carefully consider your travel plans, the nature of the activity with which you will be engaged and its location, and whether this will give rise to any risk with regard to your, or anyone else’s, personal safety and health. Consider the likelihood of any risks occurring and the severity of outcome if they were to occur. 2. Check the Foreign and Commonwealth Office website <http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/> to see if the country/ies to which you are travelling have any advice/warnings posted. 3. **Please complete one of the following:**   I consider the health and safety risks associated with my overseas work and the country/ies that I am visiting to be low e.g. lecturing, attending conferences, visiting colleagues or high profile meetings in Northern America or the European Union. I will adopt sensible travel precautions and the advice in the travel checklist.  <https://www.gov.uk/guidance/foreign-travel-checklist>  I consider there to be some risks associated with my overseas work and/or the country/ies that I am visiting and I therefore enclose a completed Risk Assessment form.  I have checked the FCO advice and there are warnings associated with the country/ies or areas where I am visiting and I therefore enclose a completed Risk Assessment form including supporting information in regards to these warnings. | |
| Signature of applicant: Date: | |
| Signature of supervisor:  Date: | Signature of administrator:  Date: |

**Please return completed and signed forms to Michelle Mhlanga in the General Office: michelle.mhlanga@anthro.ox.ac.uk**

**Please ensure that you complete this form as early as possible before you travel and be aware that this may be referred to the Divisional Safety Officer and University Safety Office for review. University insurance will NOT be valid unless an appropriate risk assessment has been approved for country/ies with risks involved.**