## International Travel Risk Assessment – Red Form

This form should be completed for:

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| **Travel outside of United Kingdom (including destinations and transits) if:**FCDO advises against all but essential travel/ all travel and/or **ANY** Crisis24 Horizon Risk Ratings are **3.5 and above**. |

* If you are conducting low risk fieldwork this can be incorporated into this risk assessment (e.g., office work, attending lectures and conferencing) as defined in the university guidance.
* If you are carrying out moderate/ high risk fieldwork you will need to complete the moderate/ high risk fieldwork risk assessment(see [Staff H&S Pages](https://staff.swansea.ac.uk/healthsafety/policies-and-procedures/general-health-and-safety/#international-travel=is-expanded) or [PG H&S Pages](https://myuni.swansea.ac.uk/living-in-swansea/health-and-safety/postgraduates/policies-and-procedures/general-health-and-safety/#international-travel=is-expanded)).
* If the travel and/or fieldwork is arranged jointly between one or more Faculties/ PSUs, a shared risk assessment and authorisation should be undertaken.
* If travelling as a group undertaking the same activity, only one risk assessment form needs to be completed along with the Participant Declaration and Information Form.

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| International Travel Risk Assessor (to be completed by the solo traveller or group leader(s)) |
| This should include contact details when travelling e.g., alternative mobile phone number to contact you in an emergency, if known (this can be different to Request to Travel Form). |
| Name: |  | Staff/ Student Number: |  |
| Nationality: |  | Email: |  |
| Faculty: |  | Phone: |  |
| School: |  | Partner Institution (if applicable: |  |
| Staff [ ]  PG Student [ ]  UG Student [ ]  Other [ ]  Please specify: |
| Expected Departure Date: |  | Expected Return Date: |  |

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| **Additional forms included**  |
| Request to Travel Form (required)  | [ ]  |
| Participant Declaration and Information Form (group travel only)  | [ ]  |
| Fieldwork Moderate/ High Risk Assessment Form (where applicable) |[ ]

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| **Level of Authorisation for International Travel**  |
| Based on the information above from FCDO and Crisis24 Horizon tick the authorisation level for travel. |
| **Line manager to review AND Head of School/ Director of PSU to authorise if:** FCDO advises against all but essential travel and/ or ANY Crisis24 Horizon risk rating is **3.5 or above (but less than 4)**. | [ ]  |
| **Line Manager and Head of School/ Director PSU to review AND Executive Dean of Faculty (for each Faculty travelling)/ Registrar & Chief Operating Officer (for PSU) to authorise if:** FCDO advises against “all travel” and/ or ANY Crisis24 Horizon risk rating is **4 or above**. | [ ]  |

## Justification

As this is higher risk travel, please complete the justification section below.

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| **Justification** | **Evidence** |
| Why is the trip essential? Give detailsof the activity: |  |
| What is the impact if the international activity does not take place? |  |
| Is the activity credit bearing as part of a degree/ programme of study? |  |
| Can other means achieve the objectives i.e., by not travelling internationally, by delaying the activity, or by travelling to a different lower risk country? |  |

## Travel Plan

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| **Country entry requirements:** <https://www.gov.uk/foreign-travel-advice/> This section needs to contain all entry requirements for all travellers. Consider the requirements for different groups individuals e.g., nationality of traveller (visas requirements), vaccination status such as for communicable diseases or where specific vaccinations are required depending on where you are travelling from |  |
| **What vaccinations are required/ recommended?** Please specify. | **Required:** |
| **Recommended:** |
| **Return requirements:** [Return to UK](https://www.gov.uk/guidance/travel-to-england-from-another-country-during-coronavirus-covid-19)This section needs to contain all return requirements for all travellers. Consider the requirements for different groups individuals e.g., nationality of traveller (visas requirements) |  |
| **Travel cover:**Please provide details of insurance cover. | **Swansea University Cover:** Staff - [Insurance webpage](https://staff.swansea.ac.uk/professional-services/estates-and-campus-services/resilience-and-business-continuity/insurance/travel-insurance/), Students - [Insurance webpage](https://myuni.swansea.ac.uk/finance/insurance-information/#travel-cover=is-expanded)  |
| **Other Insurance required**:  |

## International Travel Risk Assessment

This risk assessment relates to the countries you are visiting and transiting through. Using FCDO advice/ Crisis24 Horizon/ Travel Health Pro, consider factors relevant to your travel/ stay. See International Travel Risk Assessment Guidance section 3.3 for examples of things to consider.

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| **What are the hazards?** | **Who may be harmed, and how?** | **Controls/ Mitigation** | **By Whom**  | **By When**  |
| **Security** |
|  |  |  |  |  |
| **Environmental** |
|  |  |  |  |  |
| **Infrastructure** |
|  |  |  |  |  |
| **Medical/ Health** |
|  |  |  |  |  |
| **Political** |
|  |  |  |  |  |
| **Local Laws and Customs** |
|  |  |  |  |  |
| **Accommodation** |
|  |  |  |  |  |
| **Miscellaneous** |
|  |  |  |  |  |
| **Location/ Activity (for low-risk fieldwork e.g., attending conference, business travel)** |
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## Emergency Contact Information and Planning

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| **Swansea University Contact**This is your main contact at the University who will be available to accept any calls/ communication and manage/ monitor your agreed check-ins. | Name: |  |
| Phone number(s): |  |
| Email: |  |
| Frequency of check-ins e.g., Daily, at end of workday, etc. (state GMT or other) | Please specify:  |
| Primary mode of communication e.g., mobile, email  | Please specify:  |
| Describe the plan if the traveller or Field Leader fails to make contact as described above: |  |
| **Accommodation details**If not known, please complete prior to travelling and share with your Swansea University contact.  | Address:  |  |
| Phone number(s): |  |
| **Nearest Emergency Hospital to Accommodation** with A&E department.Address and postcode: |  |
| **Emergency Services Number(s) of destination** e.g., 911. | Police:  | Medical:  | Fire:  |
| **Emergency Contact** | Swansea University Security 24/7/365:  | +44 (0)1792 604271 |
| Emergency Support: | **Tel:** +44 (0) 203 859 1492 **E-mail**: UMAL@global-response.co.uk (Ref: UMAL 028)Crisis24 Horizon App can be downloaded (see guidance) |
| SafeZone App:  | Downloaded Yes [ ]  No [ ]  |
| Registered for countries to be visited Yes [ ]  No [ ]  |
| Travel Planet: | **Tel**: +44 (0)20 3997 6121**Email**: Swanseauniversity@my-travelplanet.com |
| **Personal Emergency Contact (if applicable)**Only complete for solo traveller or group leader. Group information will be collected on the Participant Declaration and Information Form. See [Staff H&S Pages](https://staff.swansea.ac.uk/healthsafety/policies-and-procedures/general-health-and-safety/#international-travel=is-expanded) or [PG H&S Pages](https://myuni.swansea.ac.uk/living-in-swansea/health-and-safety/postgraduates/policies-and-procedures/general-health-and-safety/#international-travel=is-expanded)). | Name: |  |
| Phone: |  |
| Email:  |  |
| **British Consulate (for UK Nationals) destination contact:** |  |
| **Home Consulate (for Non-UK Nationals) destination contact:** |  |

## Contingency Planning

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| What contingency arrangements do you have in place if:Your travel plan is disrupted? Your accommodation plans are disrupted?A traveller falls ill or is injured?* How will you monitor for potential disruption from communicable diseases, such as COVID, during your international travel?
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## Declaration

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| **International Travel Assessor(s)** (solo traveller or group leader(s))**:** |
| By signing this document, as the Travel Risk Assessor you are confirming you have: * Completed a suitable and sufficient International Travel Risk Assessment.
* You understand the nature of the risks and the potential impact(s) and have considered steps to reduce and mitigate the risks associated with the travel.
* Completed the Crisis24 Horizon – Personal Security Awareness Course or Drum Cussac - Basic Travel Safety Awareness course and attached confirmation of completion.
* You are fit to travel, are not travelling against medical advice, and not travelling to obtain medical treatment.
* You have declared any allergies and sought medical advice where necessary, and appropriate measures are in place.
* Are fit to undertake the activity or reasonable adjustments have been agreed.
* All information and responses given are true and accurate to the best of my knowledge and belief.
* If group leader, will ensure the information is shared with all participants, and the Participant Declaration and Information Form is completed prior to travel.
 |
| **Name:** | **Signature:** | **Faculty/ PSU:** | **Date:**  |
|  |  |  |  |
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**Once completed, your Faculty/ PSU will give advice on the correct signatories**.

## Authorisation to Travel (to be completed by Authoriser)

**If the international travel involves more than one Faculty/ PSU, authorisation is required for all Faculty/ PSU’s involved.**

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| **Authoriser**  |
| By signing this document, as the Authoriser(s) you are confirming you have read the International Travel risk assessment and justification section and are satisfied that the proposed traveller(s) are taking reasonable precautions. |
| **Review to travel should be signed for ALL international travel**  |
| **Line Manager/ Supervisor of solo traveller or group leader** | **Name:** |  | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Faculty/ PSU:** |  | **Faculty/ PSU** |  |
| **Date:**  |  | **Date:**  |  |
| **Name:** |   | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Faculty/ PSU:** |  | **Faculty/ PSU:** |  |
| **Date:**  |  | **Date:**  |  |
| **Authorisation to travel to countries where FCDO advises against all but essential travel and/ or ANY Crisis24 Horizon risk rating is 3.5 or above (but less than 4).** **Review to travel to countries where FCDO advises against all travel and/ or ANY Crisis24 Horizon risk rating 4.0 or above.** |
| **Head of School/ Director PSU**  | **Name:** |  | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Faculty/ PSU:** |  | **Faculty/ PSU:** |  |
| **Date:**  |  | **Date:**  |  |
| **Name:** |  | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Faculty/ PSU:** |  | **Faculty/ PSU:** |  |
| **Date:**  |  | **Date:**  |  |
| **Authorisation to travel to countries where FCDO advise against all travel and/ or ANY Crisis24 Horizon risk rating 4.0 or above.**  |
| **Executive Dean of Faculty (for each Faculty travelling) or** **Registrar & Chief Operating Officer (for PSU)** | **Name:** |  | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Faculty/ PSU:**  |  | **Faculty/ PSU:** |  |
| **Date:**  |  | **Date:**  |  |
| **Name:** |  | **Name:** |  |
| **Signature:** |  | **Signature:** |  |
| **Faculty/ PSU:**  |  | **Faculty/ PSU:**  |  |
| **Date:**  |  | **Date:**  |  |