## **APPENDIX 4a - Medium Risk (Standard) Travel Assessment Form - Students**

## A. Contact details

Full name	CRSid	College	Are your own and emergency contact details up to date on CamSIS?	Email address while away (if different to University email)
			YES	

Local Contact (away from Cambridge) e.g. onsite supervisor or host

Full name	Contact number (+ local area code)	Email address	Language spoken
			English

## B. <u>Travel Itinerary</u>

Please include estimated arrival and departure dates for all countries you intend to visit.

Travel start date	14/06/2020
Travel end date	30/06/2020
Location of working away (town/city and country)	Arran, Scotland
Address and contact number of your accommodation	[Accommodation in B&B on Arran]

#### C. Work Details

Category/type of working away	Fieldwork	
Detailed description of proposed activities including sites you will work across (if there are multiple)	Geological study of igneous rocks – Tormore to Drumadoon, in coastal areas	
Working in isolation (lone working)? Yes/₩e	Supervised? <del>Yes</del> /No	Collaborating with others? Yes/No

## D. Foreign and Commonwealth Office (FCO) Travel advice rating

Please tick below the FCO rating for the area that you will be **travelling in/through or staying** and working in

No specific rating	ic rating See our travel advice before		Advise against all but	
given	$\boxtimes$			essential travel OR advise against all travel *
Please write in the date you checked the FCO advice: NA *If you ticked the red box, you must fill in a High Risk (Elevated) Travel Assessment Form instead of this				
one.				

You can sign up to FCO travel alerts by following this link: <a href="https://www.gov.uk/foreign-travel-advice">https://www.gov.uk/foreign-travel-advice</a> Select your destination and subscribe to the email alerts for the country you propose to visit.

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

Signature	Date
Not applicable for UK	

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## E. Personal Characteristics, 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 <u>local laws and customs</u> of the area you are visiting and consider implications of your personal characteristics within the local culture.

Signature:	Date:
	09/10/2019

Relevant summary of the discussion: I will be working in isolation during the day but this will be for a short period only. In order to maintain my wellbeing, I will stay in daily contact with my family and College tutor.

### F. Insurance

Please give details of travel insurance that covers your travel/work away outside the UK:

Name of insurer:	Policy number:
N/A - travelling within the UK	N/A

## G. Contact with Supervisor or Department at Cambridge

Arrange a suitable frequency and method of contact with a Department representative in the UK for the duration of the trip.

Contact Person (primary and alternate)	Contact Frequency	Email address / phone number of contact person	Means of Communication
e.g. Supervisor, HoD Nominee	e.g. once a month		e.g. email
Supervisor Dr	<ol> <li>On arrival</li> <li>Daily (when undertaking lone</li> </ol>		Mobile and email
Group administrator Mrs	working in more remote areas) 3. On departure		email

### H. Passport Information

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

(Passport not required for travel within the UK - will use for identification purposes if necessary)

If you hold dual citizenship, st	ate passport will you be travelling withN/A
What is your other nationality	?N/A

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## I. 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		
Steep, slippery slopes, gullies Streams & marshy areas. Lone work	When field mapping there is a moderate likelihood of slips, trips, and falls and of falling in water - the severity of any injuries will be increased due to lone working and lack of immediate access to medical help	I have a good awareness of navigating this type of terrain. Although I will be conducting fieldwork alone, these field sites are popular and other researchers will be working in the area. I will wear sensible footwear and clothing. I will take a whistle, map and compass and ensure that there is good phone signal where I am working. I will take an external charger for my phone. When undertaking lone working in more remote areas I will inform my Supervisor of departure and return via email.
Crime		
Low crime area	NA	NA
Political Violence/Conflict		
None	NA	NA NA
Accident - Travel and Pers	s <mark>onal</mark>	
Driving on Arran	Higher than usual likelihood of road traffic accident (death/injury of driver and others) due to driving long distances and unfamiliar terrain.	Will take regular breaks and adhere to speed limits and all other road rules. I will not drive when tired.
Driving un-roadworthy vehicle	Risk of losing control of vehicle and being involved in road traffic incident (death/injury of driver and others)	I am an experienced driver and will be renting a car from a reputable national company. I will have the correct insurances. If I have to drive my own vehicle, I will make sure I have insurance for "Business Use" and appropriate MOT/maintenance log.
Travel on ferry	Ferry capsize/Car collision (death/injury of driver and others) during embarkation/ disembarkation, especially while queueing on roadside	Follow Cal-Mac (ferry) safety procedures. Maintain usual situational awareness
Terrain – gullies and scree slopes, steep ground, terrain	Risk of serious injury from falls	I will wear appropriate footwear with good tread and ankle support. Will avoid stream crossings and take extra care where unavoidable.

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requiring physical fitness to traverse Loose rocks/ unstable slopes	Moderate likelihood of falling rocks resulting in head or other injury.	Due to previous experience I consider myself to be fit enough to undertake all physical work and meet the demands of crossing this terrain.  I will wear a climbing hard hat anywhere that rock fall is a possible hazard.
<u>Authorities</u>		
No issues		
Environment		
Weather/climate – extremes of temperature Heavy rain	Low likelihood of sunburn, heatstroke, dehydration, hypothermia. Likelihood of discomfort	I will be working during the summer when the weather is mild. I will carry suitable clothing/gear (e.g. waterproofs, extra layers, survival bag), wear hat and sunscreen. I will also carry sufficient water, Mediwrap blankets and emergency Vango shelters, check weather forecast a few days before departure and pack appropriately
Coastal conditions – e.g. rogue waves, exit route cut off by tide, rocks falling on head from unstable cliffs	Hypothermia/ drowning / head injury from being hit by rocks	Check tide in advance – taking advice from local professionals.  Will be wearing climbing helmet if there is a risk of rocks falling from above
Health (mental and physical)		
High numbers of insects (Mosquitoes, etc) at this time of year, as well as ticks, particularly in long grass or near water	Low risk of Lyme Disease from tick bites. Moderate risk of infection/allergy from insect bites	Insect repellent will be worn as well as covering body with long trousers and long-sleeved shirt. Will avoid long grass, and will check for and remove ticks completely as soon as possible. Aware of symptoms of Lyme Disease.
Exacerbation of asthma from local pollen etc Worsening of health due to conditions	Death or serious injury from serious asthma attack with no immediate medical help nearby	First aid trained – certificate attached. Will take basic first aid kit in addition to sufficient medication for inhaler. Tetanus injection is in date. Will ensure good personal hygiene and always wash hands before eating. Will use anti-bacterial wash if limited clean water available.

# J. Agreement and Sign-Off

**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.

Name:	Date: 09/10/2019	Signature:
Name.	Date: 03/10/2013	Olgriature.

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**Supervisor/PI/Manager/HoD Nominee** (listed in Departmental Procedure): I am signing to indicate that this constitutes a suitable and sufficient assessment of the risks of the proposed travel/work away.

Name:	Signature:
Role: Departmental Nominee	Date: 19/10/2019

A copy of this form should be kept by the person travelling, and another by [name of person responsible for student matters] including travel authorisations (see Departmental procedure).

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