

## Travel Notification Form for Low Risk Working Away

<b>Description</b> [REDACTED], Conference, Lyon	
<b>Location of activity</b> [REDACTED] [REDACTED] Lyon, France	<b>Dates of travel/work away</b> Leaving Cambridge/UK on: 30/06/2018 Date of return to UK/Cambridge: 04/07/2018
<b>Assessment of Risk</b> – The hazards and consequent risks of this activity are similar to what I encounter doing low risk work at Cambridge (e.g. office work, attending lectures), the duration is under 30 days, there is no specific FCO rating for the location I am visiting and I cannot perceive any individual factors that would put me at high risk. This is therefore a low risk activity. The statements below list the precautions I will take to avoid higher risks.	

- I will follow the UK Foreign and Commonwealth Office (FCO) Travel Advice. I understand that this risk assessment is suitable only for travel to countries considered safe according to FCO advice.
- I will use a regular mode of travel provided by a reputable company, allowing adequate travel time to avoid unnecessary risks.
- I will not travel if adverse weather, natural disaster or civil disturbance is indicated.
- I have read the University of Cambridge Travel Insurance Policy and am aware of all exclusions (including higher risk leisure activities). I will obtain Travel Insurance if appropriate.
- I am aware that certain types of accommodation (e.g. Airbnb) should not be used as per University and Departmental policy.
- My contact number is up to date in CamSIS.
- I will follow the safety advice and guidance of the host organisation.
- I will report any safety concerns to the host organisation and/or to my Department/Faculty.
- I will follow ergonomic guidelines regarding use of laptops and other computers as far as practicable.
- I will avoid lone working and travelling alone as far as possible.
- I understand that further risk assessment is required for higher risk activities e.g. visits to developing countries, work in communities, laboratory work etc, and will complete a more detailed risk assessment if it becomes 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: [REDACTED]	CRSid: [REDACTED]	Signature: [REDACTED]
Contact number: [REDACTED]	Emergency contact name and number: [REDACTED]	Date: [REDACTED]

**Department/Faculty:** I am signing to indicate that this is sufficient as risk assessment and I give my permission for the intended travel/work away.

Name: [REDACTED] Role: Principal Supervisor	Signature: [REDACTED] Date: 20/06/2018
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