

Basic travel form

Description PhD research in home country – desk based.	
Location of activity: ████████████████████ WA, ██████ Australia (parents home)	Dates of travel/work away 10/04/2018 – 30/09/2018
Assessment of Risk – 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 will obtain Travel Insurance if appropriate. I will read my Travel Insurance Policy to ensure I am aware of all exclusions (including higher risk leisure activities).
- 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: ████████████████████	CRSId: ██████	Signature: ████████████████████
Contact number: ████████████████████	Emergency contact name and number: ████████████████████	Date: 09/03/2018

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

Name: ██████████	Signature: ██████████
Role: Graduate Administrator, Dept of ██████████	Date: 14/03/2018